

# Physician's Order for CPAP

The Complete Sleep Program

P.O. Box 161020, Salt Lake City, UT 84116 • (833) 878-2727

**Fax Completed Form to (801) 595-2051**

Please Note:

- If you are prescribing CPAP/APAP/BiPAP for this member, current medical policy requires him or her to obtain this device through The Complete Sleep Program.
- Contact The Complete Sleep Program at (833) 878-2727 with any questions or concerns.

## 1 PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female  
Email Address: \_\_\_\_\_

## 2 ORDERING PHYSICIAN

NPI: \_\_\_\_\_ (REQUIRED)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_

## 3 PRESCRIPTION

Recommended CPAP Prescription:

Machine: ResMed Airsense 11 with Heated Humidifier  
Wireless monitoring technology

Settings: 5-20 cm H<sub>2</sub>O  
☐ \_\_\_\_\_ cm H<sub>2</sub>O

Mask: ☐ Best fit per patient needs  
☐ Other: \_\_\_\_\_

Length of Need: Lifetime

## 4 DIAGNOSIS (MUST BE CHECKED)

☐ **G47.33:** Obstructive Sleep Apnea ☐ **Other ICD-10:** \_\_\_\_ . \_\_\_\_ Description: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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