

Prescription/Letter of Medical Necessity

Ordering Physician _____	Physician's Address _____	Supplier SnoozeClinic.com	Supplier Information Fax: 1-574-537-1720
Phone _____	_____	2417 S Berkshire Dr	Phone: 574-534-9911
Fax _____	_____	Goshen, In 46526	IN License 690013404A
Patient: _____		DOB: _____	

Snoozeclinic.com is requesting this document with authorizations from and at patient's request.

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric G47.33
- Hypersomnia with Sleep Apnea, unspecified 780.53
- Other unspecified Sleep Apnea, 780.57

Machine Type(s): *All machines come with humidifier. (E0562)*

- CPAP or APAP(E0601) Pressure or Pressure Range: _____ CM/H20
- BIPAP/BILEVEL(E0470) Pressure or Pressure Range: _____ CM/H20

CPAP Mask/Interface/Delivery System:

- CPAP Mask, Patient Preference
- Other: _____ Size: _____

Supplies:

- All Related Supplies

The following dispensable equipment is necessary for the proper use of the equipment and is not part of the CPAP or BIPAP machine when purchased and needs to be replaced on a regular basis:

Full Face Mask(A7030)	Chin Strap(A7036)	Disposable Filters(A7038)
Headgear(A7035)	Heated Tubing(A4604)	Nasal Cushion(A7032) month
Water Chamber(A7046)	Nasal Mask(A7034)	Nasal Pillows(A7033)
Full Face Interface(A7031)	Tubing(A7037)	Non-Disposable Filter(A7039)

The above named patient was diagnosed as indicated. Due to the potentially dangerous consequences of Sleep Apnea, which include the possibility of falling asleep in critical conditons, treatment of the condition is considered mandatory rather than optional, on a nightly basis long term to lifetime duration (99 months).

Physician's Signature: _____ NPI: _____
 Date: _____ License: _____

Please Fax To: 1-574-537-1720

