

PRESCRIPTION (Respiratory) Fax to cpapXchange at 727-499-0901

PATIENT INFORMATION

Name
Date of Birth

Phone
Email

DIAGNOSIS

- Obstructive Sleep Apnea (327.23)
- Central Sleep Apnea (327.27)
- Mixed Sleep Apnea (780.57)
- COPD (496)
- Asthma (493)
- Other (Please Describe)

Length of Need (99 = Lifetime)
Notes

OXYGEN THERAPY DETAILS (Indicate Multiple Items as Needed)

- Pulse Dose (**Portable**) Oxygen Therapy
- Continuous Flow Oxygen Therapy
- Supplies for the Above as Needed
- Other (Please Describe)

Settings & Notes

ASTHMA & ALLERGY THERAPY DETAILS (Indicate Multiple Items as Needed)

- Compressor Nebulizer Machine
- Valved Holding Chamber
- Supplies for the Above as Needed
- Other (Please Describe)

Notes

SUPPLIER INFORMATION

cpapXchange.com
20A Northwest Blvd, Suite 238
Nashua NH 03063

Toll Free 866-992-7279
Fax 727-499-0901
Email service@cpapx-

Tax ID 38-3920635

PHYSICIAN INFORMATION

Name
License #
Email
Phone

Address
City
State / ZIP
Fax

Signature	Date
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