



Cheap CPAP Supplies

POWERED BY AEROFLOW HEALTHCARE

Fax: 866-903-3640

Phone: 866-298-6482

PATIENT INFORMATION:

Patient Name: _____ DOB: _____ SS #: _____ Sex: _____ Phone: _____

HGT: _____ WGT: _____ Alt Contact: _____ Relationship: _____ Phone: _____

Street: _____ City: _____ State: _____ ZIP: _____

PRESCRIBER INFORMATION:

Prescriber's Name: _____ NPI #: _____ Street: _____

City: _____ State: _____ ZIP: _____ Fax: _____ Phone: _____

Diagnosis _____

Please Circle One:

Length of Need: 99 mo. / Other: _____

Order Date: _____

CPAP

Pressure Settings: _____

Auto - Titrate CPAP/BiPAP

Pressure Settings: _____

BiPAP

Pressure Settings: _____

CPAP Mask

CPAP Cushions

CPAP Headgear

CPAP Tubing

Standard

Heated

Disposable Filters

Non-Disposable Filters

Chinstrap

CPAP Humidifier Chamber

Comments: _____

Physician's Signature: _____ Signature Date: _____

FAX ORDERS TOLL FREE TO: 1-866-903-3640