Great Lakes
Home Healthcare Services

Allied
Healthcare Systems

CPAP / BiPAP Prescription

Patient Name:____ DOB:_____________

Diagnosis:____Test Date:_________________

Phone:____

☐ CPAP ☐ BiPAP Setting:________________ O2 L.P.M.:__________ Length of need: Lifetime (99)

Humidification: ☐ Heated ☐ Cool Passover

Mask/Pillow: ☐ Size as needed ☐ Other____

Comments:____

Physician:____ UPIN #__________________
(print)

Signature:____Date:_____________

Erie: 1700 Peach Street, Erie PA 16501
Phone (814) 877-6121 Fax (814) 455-9440

Bradford: 600 Chestnut Street, Bradford PA 16701
Phone (814) 362-8141 Fax (814) 362-9113

Meadville: 303 Chestnut Street, Meadville PA 16335
Phone (814) 337-6900 Fax (814) 337-6902

Jamestown: Sleep Therapy Education Center
335 E. 3rd Street, Jamestown NY 14701
Phone (716) 664-5092 Fax (716) 664-6570

Fredonia: 37 W. Main Street, Fredonia NY 14063
Phone (716) 672-4704 Fax (716) 672-4706

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1/15/2008