



### CPAP / BiPAP Prescription

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Test Date: \_\_\_\_\_

Phone: \_\_\_\_\_

(Please fax with patient face sheet.)

CPAP    BiPAP   Setting: \_\_\_\_\_ O2 L.P.M.: \_\_\_\_\_ Length of need: Lifetime (99)

Humidification:    Heated    Cool Passover

Reason:    Nasal dryness    Sinusitis    Congestion    Nose Bleeds  

Other \_\_\_\_\_

Mask/Supplies/Pillow:    Size as needed    Tubing & Filters (x6 refills)  

Other \_\_\_\_\_

Comments: \_\_\_\_\_

Physician: \_\_\_\_\_ License # \_\_\_\_\_

(print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Jamestown, NY: 512 W. 3rd Street, Jamestown NY 14701  
Phone (716) 664-5092 Fax (716) 664-6570

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