

Prescription / Letter of Medical Necessity

Ordering Physician	Physician's Address
Phone	
Fax	

Patient: _____ DOB: _____

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric g47.33 Other unspecified sleep apnea, 780.57
 Hypersomnia with sleep apnea, unspecified 780.53

Treatment:

- EPAP Therapy (E1399) (Examples: Provent Therapy, Bongo RX)

Supplies:

- All Related EPAP Replacement Supplies (E1399)

The above named patient was diagnosed as indicated. Due to the potentially dangerous consequences of disturbed sleep and sleep deprivation, which include the possibility of falling asleep in critical situations, treatment of this condition is considered mandatory rather than elective, on a nightly basis for a long term to lifetime duration (99 months).

Physician's Signature: _____ NPI: _____

Date: _____ License: _____

Please email to Customerservice@pisceshealth.com

