



CPAP PRESCRIPTION AUTHORISATION

To Whom It May Concern

Your patient wishes to purchase a CPAP Machine from our Hope2Sleep Charity, and in order to supply this we kindly request you give us approval by filling in the short form below.

Please either give this form back to your patient for he/she to return to us, or alternatively you can send the completed form back to us via email at sales@hope2sleep.co.uk or post to the address on this form, so that we can set up and issue the machine as soon as possible. You are welcome to call us if you have any queries on 0300-102-711 or 07862-000930.

Please note that we also offer free remote-monitoring of CPAP machines supplied by us when required, subject to receiving a signed consent form from patients, and with a patient's permission the CPAP results can be shared with the clinic for patient reviews.

Patient's Name:	<input type="text"/>
Patient's Address:	<input type="text"/>
APAP Pressures, if necessary to alter:-	
Minimum Pressure:	<input type="text"/>
Maximum Pressure:	<input type="text"/>
Alternatively, if CPAP Mode is needed:-	
Fixed Pressure:	<input type="text"/>
Ramp Time, if applicable:	<input type="text"/>
Hospital or Clinic	<input type="text"/>
Name of Clinician:	<input type="text"/>
Position of Clinician:	<input type="text"/>
Signature of Clinician:	<input type="text"/>
Date of Authorisation:	<input type="text"/>
Many Thanks	

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Registered Charity No. 1168089