

CPAP Supply Order Form



Accredited by The American Academy of Sleep Medicine

Your insurance provider may reimburse you for the cost of these items: * = required field

Recommended Replacement Schedule		
Schedule	Item	Qty.
2 per Month	Disposable Filter:	
2 Sets per Month	Replaceable Pillow or Cushions:	
Every 3 Months	Mask:	
Every 3 Months	Tubing:	
Every 6 Months	Chin Strap:	
Every 6 Months	Headgear:	
Every 6 Months	Humidification Chamber:	
Every 6 Months	Non-Disposable Filter:	

Customer Information	
Full Name: *	
Street Address: *	
City: *	
State: *	
Zip Code: *	
Phone:	
Email: *	

Comments

Thank you! You may contact us by phone at 847-854-7250 or fax this form to 847-854-7252

Completing this form does not constitute an order.

ASDC Representative will contact you within 2 business days regarding your comment.

You must be an established patient of Alternative Sleep Disorders Center to receive supplies.

ASDC must verify insurance coverage of any item(s) ordered before shipping to patients. Please let us know if you have had a change in insurance coverage.