

**\*\* CONFIDENTIAL \*\***

Patient's Name:

Patient's Date of Birth:

Patient's Address:

## Prescription

1 x CPAP Machine with mask  
Use as directed

Doctor's Name:

Doctor's Tel Number:

Doctor's Address:

Doctor's Signature:

Date

Doctor's GMC Number  
or Surgery Stamp:

Please fax to 01785 713425 or email to [prescriptions@ukcpap.co.uk](mailto:prescriptions@ukcpap.co.uk)

and post to:

UKCPAP, The Old Vicarage, Vicarage Road, Gailey, Nr Stafford. ST19 5PU.