

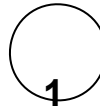
Dr's Name	Doctor's Address:
Dr's Tel:	
Dr's Fax:	
Dr's Mobile:	

Patient's Name
Patient's Address
Patient's Date of birth

Rx

CPAP System

Use as directed



Doctor's signature...

Date.....

Doctor's GMC Number or Surgery Stamp...

By fax or post to
British Snoring & Sleep Apnoea Association
Chapter House, 33 London Road, Reigate RH2 9HZ

fax: 0870 052 9212