

Positive Airway Pressure (PAP) Devices & Supplies

Last Name:	
First Name:	
This Address is: <input type="checkbox"/> Current <input type="checkbox"/> New	Last 4 of your Social Security #
Street/PO Box:	
City:	
Apt:	
State:	Zip Code:
Email Address (Optional):	

VA Form **2346b**
JUL 2020

See Reverse Side to Order PAP Devices & Supplies

Back of VA Form 2346b

VA Denver Logistics Center

PO BOX 25166, Denver CO 80225

***Please Note: Resupplies of Positive Airway Pressure (PAP) supplies are based on previously supplied items and the most updated prescription in your VA medical file.**

Any additions or changes to you prescription must be approved by your Provider.

Check this box to receive a resupply of your last PAP order
(Checking this box will ensure up to a 12-month supply of your last order)

PAP Supplies Needed

(for individual supply request ONLY when an entire reorder is not necessary)

- | | |
|--|---|
| <input type="checkbox"/> Mask with Headgear
<i>(Full, Nasal, Nasal Pillow, Oral Interface)</i> | <input type="checkbox"/> Chinstrap |
| <input type="checkbox"/> Replacement Cushion
<i>(Full, Nasal, Nasal Pillow, Oral Interface)</i> | <input type="checkbox"/> SD Card |
| <input type="checkbox"/> Water Chamber | <input type="checkbox"/> Power Cord |
| <input type="checkbox"/> Hoses (Tubing) | Filters: |
| <input type="checkbox"/> Mask Liners | <input type="checkbox"/> Disposable |
| | <input type="checkbox"/> Non-Disposable |

Please contact your Clinic for any items not listed above.