Ed Charnock, MD, FAASM
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Accredited by the American Academy of Sleep Medicine

CONSENT TO TREATMENT

Your physician will be prescribing durable medical equipment (DME) such as CPAP or BiLevel therapy. This prescription will be sent to a DME company who will contact you to arrange an appointment to begin your treatment.

I_____, give consent for a DME company to contact me regarding the equipment I will need to begin treatment.

_____

Patient Signature **Date**

_____

Family or Surrogate Caregiver **Date**