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|--|--------|----------------|--|
| Patient: | | Date of Birth: | |
| Address: | | | |
| City: | State: | Zip: | |
| Phone: | | Email: | |
| Diagnosis: <input type="checkbox"/> Obstructive Sleep Apnea (G47.33) <input type="checkbox"/> Central Sleep Apnea (G47.31) <input type="checkbox"/> Other _____ Prescribed Pressure: _____ Length of Need: _____ (1-99, 99=Lifetime) Prescribing Physician: _____ NPI: _____ Patient last Seen: _____ Patient's next scheduled appointment: _____ | | | |

PAP **CPAP (E0601)** **BIPAP with backup (E0471)** **BIPAP without backup (E0470)**

| | | | |
|--------------------|--|--|--|
| Range: | <input type="checkbox"/> 4 to 20 cm | <input type="checkbox"/> Pressure: _____ | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Change Pressure | <input type="checkbox"/> Decrease _____ cm | <input type="checkbox"/> Increase _____ cm |
| | <input type="checkbox"/> Other _____ | | |
| Humidifier: | <input type="checkbox"/> None | <input type="checkbox"/> Heated Humidifier (K0531) | <input type="checkbox"/> Cool Humidifier (K0268) |

Supplies

- | | |
|--|---|
| <input type="checkbox"/> Full Face Mask (A7030) | <input type="checkbox"/> Chin Strap (A7036) |
| <input type="checkbox"/> Face Mask Interface for full face replacement (A7031) | <input type="checkbox"/> Tubing (A7037) |
| <input type="checkbox"/> Replacement Cushion for nasal app (A7032) | <input type="checkbox"/> Heated Tubing (A4604) |
| <input type="checkbox"/> Replacement Pillows for nasal app (A7033) | <input type="checkbox"/> Oral Interface (A7044) |
| <input type="checkbox"/> Nasal Mask (A7034) | <input type="checkbox"/> Disposable Filters (A7038) |
| <input type="checkbox"/> Headgear (A7035) | <input type="checkbox"/> Non-Disposable Filters (A7039) |

| | |
|---|--------------------|
| Completed/Requested by (please print): _____ | |
| Phone: _____ | Fax: _____ |
| Physician signature: _____ | Date: _____ |