

# Positive Airway Pressure Prescription

Order Date

Patient		Insurance Company		
DOB				
Home Phone				
Cell Phone		Sub ID		Sub ID
Address		Sub Name		Sub Name
		Sub DOB		Sub DOB

PSG Date	AHI Total	Total Sleep Time	O2 Nadir %

If AHI is from 5-14 is there documented symptoms of:	Excessive Daytime Sleepiness	Diagnosis
	Hypertension	
	History of Stroke	
	Mood Disorders	
	Insomnia	
	Ischemic Heart Disease	
	Impaired Cognition	

Equipment – No Substitutions	Settings	Additional Information
E0601 CPAP / Auto		<input checked="" type="checkbox"/> Length of Need – Lifetime (99 Months)
E0470 BiPAP / Auto		<input checked="" type="checkbox"/> E0562 Heated Humidifier
E0471 BiPAP ST		E0561 Non-Heated Humidifier
E0471 VPAP ASV		If Bi-level ordered, was CPAP tried and proven ineffective?
Oxygen		

FYI - Mask Used During Titration Chosen by Patient		Fisher & Paykel Eson 2 size Medium w/Small Headgear		
Masks		Instructions	Supplies	Instructions
<input checked="" type="checkbox"/>	A7029 Nasal Pillows for Combo Oral/Nasal Mask, Repl	2 per 1 mo	<input checked="" type="checkbox"/> A7035 Headgear	1 per 6 mo
<input checked="" type="checkbox"/>	A7030 Full Face Mask	1 per 3 mo	<input checked="" type="checkbox"/> A7036 Chinstrap	1 per 6 mo
<input checked="" type="checkbox"/>	A7031 Face Mask Interface, Repl	1 per 1 mo	<input checked="" type="checkbox"/> A7037 Tubing	1 per 3 mo
<input checked="" type="checkbox"/>	A7032 Cushion for use on Nasal Mask Interface, Repl	2 per 1 mo	<input checked="" type="checkbox"/> A7038 Disposable Filter	2 per 1 mo
<input checked="" type="checkbox"/>	A7033 Pillow for use on Nasal Cannula, Repl	2 per 1 mo	<input checked="" type="checkbox"/> A7039 Non Disposable Filter	1 per 6 mo
<input checked="" type="checkbox"/>	A7034 Nasal Interface (Mask or Cannula) W or W/O	1 per 3 mo	<input checked="" type="checkbox"/> Water Chamber Humidifier	1 per 6 mo

**Other Instructions** (Check all that apply)

Link Physician to Patient	<input type="checkbox"/> Resmed	<input type="checkbox"/> Respirationics	<input type="checkbox"/> F&P
Compliance Report 45-60 days from set up date			
Overnight pulse ox on PAP therapy in _____ weeks			

<b>I have reviewed the above prescription and agree to prescribe as written. I acknowledge that I may change this order as needed.</b>			
Physician Signature		Date	
Physician Name		Phone	
NPI #		Fax	