



RESPIRATORY / SUPPLIES ORDER FORM

6415 S. Fort Apache Rd. STE# 170, Las Vegas NV 89148
Phone: (702) 696- 1527 Fax: (702) 444- 4154

Order Date: _____

PATIENT INFORMATION

Name: _____ DOB: _____
Address: _____ Apt: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell: _____ Gender: _____ HT: _____ inches WT: _____

****Please attach copies of the following: Prescription/RX, Chart Notes, Demographics & Insurance Card/Information**

INSURANCE

Primary: _____
Policy#: _____
Secondary: _____
Policy#: _____

RESPIRATORY EQUIPMENT & SUPPLIES: Length of Need: 99 Months (99= Lifetime)

AHI: _____ ***If events are between 5-14, second qualifying diagnosis must be documented. Please circle below**
- Excessive Daytime Sleepiness, - Hypertension, - impaired cognition, - insomnia, - ischemic heart disease, - mood disorders

****Please attach/include copies: ALL Sleep studies (Diagnostic, HST and/or Titration) & prior & current chart notes**

- E0601 CPAP ___ cm H2O E0601 AUTO CPAP ___ cm H2O - ___ cm H2O E0470 BIPAP ___ IPAP ___ EPAP E0562 Heated Humidifier
 E0471 BIPAP ___ IPAP ___ EPAP w/Backup Rate E0471 BIPAP/Bi-Level ASV ___ IPAP max ___ IPAP min ___ EPAP ___ w/Backup Rate

Supplies: A4604 Heated tubing

- A7030 Full Face Mask A7031 Full Face Cushion Interface A7032 Nasal Cushion A7033 Nasal Pillows A7034 Nasal Mask
 A7035 Headgear A7036 Chinstrap A7037 Tubing A7038 Disposable Filter A7039 Non-Disposable Filter A7046 Chamber

Diagnosis: _____ O2 Bleed-in @ _____ LPM

O2 SATS: _____% at ROOM AIR ***If above 88%, patient must qualify during a walk test. Please include O2 SATS below**
_____ % with Ambulation (**this MUST be below 88% to qualify**) & _____ % with ___ LPM O2 & Ambulation (please add LPM)

- E1390 O2 Concentrator @ ___ LPM E1392 O2 Portable System @ ___ LPM Other: _____

- E0570 Nebulizer A7003 Nebulizer Administration Set A7005 Non-Disposable Nebulizer Set Pulse Oximetry

Diagnosis: _____

Physician Name: _____ **NPI#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Signature:** _____ **Date:** _____