

sleeptech

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PRESCRIPTION

Initial Renewal Revised

Diagnostic / ICD - 10 Code: G47.33, Obstructive Sleep Apnea G47.37, Primary Central Sleep Apnea G47.30, Complex Sleep Apnea

Other: _____

Patient: _____

Patient Contact Number: _____

Date of Birth: _____

Patient Email Address: _____

Prognosis: Poor Fair Good

Est. Length of Need (months): _____ (99 = Lifetime)

Please confirm that the following prescribed equipment is correct and complete any necessary medical information.

Equipment Prescribed:

- CPAP E0601 Pressure: _____ cmH2O
- Auto CPAP E0601 Pressure: _____ to _____ cmH2O
- Bilevel E0470 IPAP: _____, EPAP: _____
- Auto Bilevel E0470 Max IPAP: _____, Min EPAP: _____, PS: _____
- Bilevel ST E0471 IPAP: _____, EPAP: _____, RR: _____ bpm
- Bilevel ASV E0471 Min EPAP: _____, Max EPAP: _____, Min PS: _____, Max PS: _____, **OR** EPAP: _____, Min PS: _____, Max PS: _____
- Bilevel AVAPS E0471 Max IPAP: _____, Min IPAP: _____, EPAP: _____, Tidal Volume: _____ ml, RR: _____ bpm, Inspiratory Time: _____
- Bilevel IVAPS E0471 PS min: _____, PS max: _____, EPAP: _____, Target Va: _____, L/min RR: _____ bpm

Supplies Ordered:

- A7030 Full Face Mask (1x per 3 mos.)
- A7031 Face Mask Cushion, replacement (1x per mo.)
- A7032 Nasal Mask Cushion, replacement (2x per mo.)
- A7033 Nasal Mask Pillows, replacement (2x per mo.)
- A7034 Nasal Interface (Mask or Pillows) (1x per 3 mos.)
- A7035 Headgear (1x per 6 mos.)
- A7036 Chinstrap (1x per 6 mos.)
- A7038 Filter, disposable (2x per mo.)
- A7039 Filter, reusable (1x per 6 mos.)
- A7037 Tubing (1x per 3 mos.)
- A4604 Heated Tubing (1x per 3 mos.)
- A7046 Water Chamber replacement (1x per 6 mos.)
- E0562 Heated Humidifier
- Substitutions permitted for CPAP supplies

Comments (Justification): _____

Physician Name: _____ NPI#: _____

Physician Signature: _____ Date: _____

Insurance: _____

- CPAP Supplies
- New Patient Set-up
- Replacement Machine
- Pressure Change