



**Detailed Written Order**

Patients Name \_\_\_\_\_ Start Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ DOB: \_\_\_\_\_

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**Sleep Therapy**

CPAP **E0601** \_\_\_\_\_ cmH2O     CPAP E0601 (Auto) Min: \_\_\_\_\_ cmH2O Max: \_\_\_\_\_ cmH2O

BIPAP **E0470** IPAP: \_\_\_\_\_ cmH2O                      EPAP: \_\_\_\_\_ cmH2O

BIPAP (Auto) **E0470** IPAP Min/Max: \_\_\_\_\_/\_\_\_\_\_ cmH2O    EPAP Min/Max: \_\_\_\_\_/\_\_\_\_\_ cmH2O

BIPAP ST **E0471** IPAP: \_\_\_\_\_ cmH2O    EPAP: \_\_\_\_\_ cmH2O                      Rate: \_\_\_\_\_

Other

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**Mask Interface & Accessories:**

Nasal Mask (1 per 3 months) **A7034**     Nasal Pillows Mask (1 per 3 months) **A7034**

Full Face Mask (1 per 3 months) **A7030**

Nasal Mask Cushion **A7032**     Nasal Pillow Cushion **A7033**     Full Face Cushion **A7034**

Heated Humidifier **E0562**     Water Chamber **A7046**     Tubing **A7037**     Tubing Heated **A4604**

Headgear **A7035**     Chin Strap **A7036**     Filters (Disposable) **A7038**     Filters (Non-Disposable) **A7039**

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**Please attach the following:**

Test Results (Oximetry, ABG, Sleep Study)     Patients Demographics Sheet     Physician Notes  
(Medical Records documenting requirements for the equipment as well as Physicians assessment & expected benefit from the ordered equipment. Physicians are required to sign and date notes.)

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**Nebulizer & Accessories**

Nebulizer Comp **E0570**     Re-usable Neb Kit **A7005**     Disposable Neb Kit **A7003**

Neb Filters **A7006**     Aero Chamber **A4627**

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ICD10: \_\_\_\_\_ LON: \_\_\_\_\_

Physician or FNP Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician or FNP Signature: \_\_\_\_\_ Date: \_\_\_\_\_