DME VENTILATOR ORDER FORM

Affordable Medical
Home Medical Equipment & Supplies

PARAGOULD	501 W Kingshighway	T: 870-239-0997
JONESBORO	4707 E Johnson	T: 870-972-5900
WALNUT RIDGE	308 W Main	T: 870-886-1260

FAX ORDER FORM TO 870-239-9037

Order Date: _____ Patient Name: _____ LON: 99

DOB: _____ Height: _____ Weight: _____ Diagnosis: 1) _____, 2) _____

VENTILATOR TYPE

□ E0466 – Home Ventilator, any type, used with non-invasive (mask or mouthpiece) interface; includes mask to fit, applicable cushions, tubing, filters, and **MUST have internal battery backup**

□ E0465 – Home Ventilator, any type, used with invasive (trach) interface; includes tubing, filters, and and **MUST have internal battery backup**

If particular brand/manufacturer requested, please specify: _____

□ E0562 – Heated Humidifier

VENTILATOR PRESCRIPTION

Single Mode and Settings

□ AVAPS-AE □ PSV(tgv) □ SIMV □ Assist Control □ Other: _____

□ Vt: _____ Min/Max Pressure: _____ PS Min/Max: _____

IPAP Min/Max: _____ EPAP/PEEP: _____ RR: _____

Dual Mode and Settings

□ Dual Mode

□ (Initial Mode as above) **AND**

□ Secondary Mode: _____ to be used: _____

□ Vt: _____ Min/Max Pressure: _____ PS Min/Max: _____

IPAP Min/Max: _____ EPAP/PEEP: _____ RR: _____

Secondary Settings

□ Auto EPAP □ Backup Ventilation □ Trigger Types □ PC Breath

□ AVAPS Speed □ Sigh

Alarms

□ Low Expiratory Pressure	□ Low Battery	□ Low PEEP	□ High PEEP	□ High EtCO2
□ High Expiratory Pressure	□ Battery Depleted	□ High FiO2	□ Low FiO2	□ Low EtCO2
□ External Flow Sensor Failure	□ High RR	□ High Vti	□ Low Vti	□ Disconnect
□ Vent Service Required	□ Low RR	□ High Mvi	□ Low Mvi	□ Apnea

□ *Titrate mode(s), settings and/or brand/model of ventilator to achieve optimal clinical efficacy, increase compliance and maintain patient comfort*

OXYGEN (BLED-IN)

□ Oxygen ordered at ____ LPM to be used with ventilator

Ordering Physician: _____ NPI: _____

Physician Signature: _____ Date: _____