



# DME RESPIRATORY ORDER FORM

Paragould, AR  
T:870-239-0997  
F: 870-239-9037

Jonesboro, AR  
T:870-972-5900  
F:870-203-0518

Walnut Ridge, AR  
T:870-886-1260  
F:870-886-7525

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Length of need: \_\_\_\_\_ (99=Lifetime) Diagnosis: \_\_\_\_\_, \_\_\_\_\_

## Please complete device order:

\_\_\_\_ E0601: CPAP @ \_\_\_\_

\_\_\_\_ E0601: Auto CPAP Min @ \_\_\_\_, Max @ \_\_\_\_

\_\_\_\_ E0470: BiPAP @ IPAP \_\_\_\_, EPAP \_\_\_\_

\_\_\_\_ E0470: Auto BiPAP @ IPAP Max \_\_\_\_, EPAP Min \_\_\_\_ (Optional Pressure Support \_\_\_\_)

\_\_\_\_ E0471: BiPAP ST @ IPAP \_\_\_\_, EPAP \_\_\_\_, Backup Rate \_\_\_\_

\_\_\_\_ E0471: Auto BiPAP SV @ Max Pressure \_\_\_\_, EPAP Min \_\_\_\_, EPAP Max \_\_\_\_

Pressure support Min \_\_\_\_, Pressure support Max \_\_\_\_, BPM \_\_\_\_

\_\_\_\_ E0471: BiPAP ASV @ EPAP Min \_\_\_\_, EPAP Max \_\_\_\_, Pressure support Min \_\_\_\_, Pressure support Max \_\_\_\_

\_\_\_\_ *Titrate settings and comfort options to achieve optimal clinical efficacy, increase compliance and maintain patient comfort*

## Please check all supplies ordered:

\_\_\_\_ 1-A7030 Full-face Mask, 1 per 3 months

\_\_\_\_ 3-A7031 Full-face Cushion, 1 per month

\_\_\_\_ 1-A7034 Nasal Mask, 1 per 3 months

\_\_\_\_ 6-A7032 Nasal Cushion, 2 per month

\_\_\_\_ 6-A7033 Nasal Pillow, 2 per month

\_\_\_\_ 1-E0562 Heated Humidifier

\_\_\_\_ 1-A7035 Headgear, 1 per 6 months

\_\_\_\_ 1-A7037 Non-Heated Tubing, 1 per 3 months

\_\_\_\_ 1-A4604 Heated Tubing, 1 per 3 months

\_\_\_\_ 1-A7039 Filter, Non-Disposable, 1 per 6 months

\_\_\_\_ 6-A7038 Filters, Disposable, 2 per month

\_\_\_\_ 1-A7036 Chin Strap, 1 per 6 months

\_\_\_\_ 1-A7046 Humidifier Water Chamber Replacement, 1 per 6 months

Ordering Physician's Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Ordering Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_