DME RESPIRATORY 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) _____

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: _____ NPI: _____

Physician Signature: _____ Date: _____

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