



DME VENTILATOR 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

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