

CPAP/BI-LEVEL PRESCRIPTION

Date: ____ / ____ / ____

Patient: _____ DOB: ____ / ____ / ____

SS#: _____ HT: _____ WT: _____ lbs.

Length of need: 12 months 99 months (lifetime) DME: _____

DIAGNOSIS: OSA G47.33. CSA G47.31. COPD J44.9 AHI = _____

Physician ordered unit to include supplies for one year:

CPAP: _____ CM@H.S. EPR: _____ Ramp as needed for tolerance.

APAP with Range: _____ CM@H.S.

CPAP attempt was unsuccessful, BiPAP trial resulted in the following:

BIPAP: I = _____ CM E = _____ CM@H.S.

BIPAP S/T: I = _____ CM E = _____ CM @ H.S. RR = _____

ADAPT SV: EPAP = _____ Max PS: _____ Min PS = _____ H.S.

If pressure change required, was pressure change done in Sleep Center? Yes No

Nasal Mask:

1. Type: _____ Size: _____ Chin Strap? Yes No
2. Cold Passover humidifier tried without success and heated humidity required? Yes No
3. Heated humidification, because of its ability to create and retain moisture levels, is recommended to alleviate sinusitis, cracking, bleeding, and other effects of nasal dryness. Yes No

Oxygen:

_____ lpm required due to respiratory failure Lowest recorded SAO2 = _____%

_____ Discontinue nocturnal supplemental oxygen

PHYSICIAN SIGNATURE: _____ Date: ____ / ____ / ____

Pulmonary Associates

Dr. G. Rode: 1033132188

Chest & Sleep Medicine

- | | |
|---|---|
| <input type="checkbox"/> Dr. Patel: 1932109246 | <input type="checkbox"/> Dr. Seedahmed: 1619925120 |
| <input type="checkbox"/> Dr. Rao: 1356341655 | <input type="checkbox"/> Dr. Wadenstorer: 1861492167 |
| <input type="checkbox"/> Dr. Varghese: 1740280049 | <input type="checkbox"/> Dr. Niraj Parikh: 1295902229 |
| <input type="checkbox"/> Dr. Youssef: 1467595975 | |



640B

PT.

MR.#/P.M.

DR.