

St. Clair Shores-Sleep Evaluation Services

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St. Clair Shores MI 48081

Beaumont

Patient

Name:

Peabody, Margaret

DOB:

10/29/45

Address:

277 Mirabeau Pl

Phone:

313 882 3536

Grosse Pointe Farms, MI 48236

Date:

7-1-2022

Diagnosis:

☒

G47.33

☒

G47.10

G47.37

R09.02

Estimated Length of Need (# in months): 12 1-99 (99 = Lifetime)

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Sleep Therapy

CHANGE PRESSURE TO: _____

☐ REPAIR AND REPLACE☐ CPAP ☐ APAP Pressure: _____

Overnight Pulse Ox:

☐ CPAP ☐ Bilevel ☐ VPAP ☐ ASV☐ R/A ☐ O2OXYGEN: _____ LPM, Bled into ☐ CPAP ☐ Bilevel**CPAP**☐ Resprionics System One Remstar Pro DS-460 w/integrated Heated HumidifierPressure _____ cmH2O ☐ AFLEX☐ ResMed Air Sense 10 w/ Climate Control Tubing Heated HumidifierPressure _____ cmH2O ☐ AFLEX**AUTO CPAP**☐ Resmed Air Sense 10 Autoset Climate Control Tubing and Heated Humidifier

Pressure: _____ EPR: _____

COMMENTS:

7-1-2022

Emad Alatassi, MD

NPI # 1528018256

BILEVEL☐ Resprionics System One Bipap with Integrated Heated Humidifier

IPAP: _____ EPAP: _____ BIFLEX: _____ O2 lpm: _____

☐ ResMed Air Curve 10S with Climate Control Tubing

IPAP: _____ EPAP: _____ EPR: _____ O2 lpm: _____

AUTO BILEVEL☐ Resmed Air Curve 10 ASV with H4i Heated Humidifier

EPAP MAX: _____ EPAP MIN: _____

PS Max: _____ PS Min: _____

☐ Resprionics System One Pro with Heated Humidifier

IPAP MAX: _____ IPAP MIN: _____ EPAP: _____ PS: _____

SUPPLIES☒ Replacement Mask-nasal pillows 2 months, cushions 1-3 months☐ Head Gear as needed for selected interfaces 1-6 months☒ Climate Control Heated Tubing 1-3 months☒ Tubing 1-3 months☒ Chin Strap (if needed) 1-6 months☒ Disposable Filter 2 months, Reusable Filter 1-6 months☒ Water Chamber 1-6 months**INTERFACE**☒ Fit patient to comfort☐ Specifically Ordered: _____