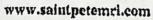
01/08/2020 08:47

MRI

P.002/004

Fax: (727) 563-0614 • Phone: (727) 577-2220



E FACEBOOK







750941

VEN. SUITE #201 SAINT PETERSBURG, FL 33702 - 11200 SEMINOLE BLVD, SUITE #103 LARGO, FL 33778				
Physician's order for cpapibi-level thurapy				
PATIENT NAME: Thomas Bobinson				
DATE OF SIRTH: 7 4 90 LENGTH OF NEED: 59 MONTHS				
DIAGNOSIS: C47.33				
	PAPO	RDER		
CPAP (E0601)		AUTO CPAP	(E0601)	BIPAP (E0470)
	AUTO BIPAP (E04	70)	AUTO	SV (£0471)
PRESSURE: 7-CUM	HID			
CFLEX/EPR LEVEL:	+3			
RAMP TIME:	tomin			
MASK: FIT MASK OF PATIENT PREFERENCE				
L-Masal Pillows Mask L-Manal Mask L-Full-Face Mask	(A7034) - 1/3 Months (A7034) - 1/3 Months (A7030) - 1/3 Months	4-1 NI	sal Mask Cushic	033) - 2 Per Month on (A7032) - 1/3 Months shions (A7031) - 1/3 Months
associated supplies (Dispense all)				
THEATED HUMIDIFIER (E0562) (A7035) - 1/6 Months (A7037) - 1/3 Months (A7037) - 1/3 Months (A7038) - 2 Per Months (A7038) - 2 Per Months (A7038) - 1/6 Months (A7038) - 1/6 Months (A7039) - 1/6 Months (A7046) - 1/6 Months (A7046) - 1/6 Months (A7046) - 1/6 Months (A7036) - 1/6 Months (A7036) - 1/6 Months (A7036) - 1/6 Months (A7036) - 1/6 Months (A70379)				
PROVIDER'S SIGNATURE: 24 COM O DATE SIGNED: 19 2020 DR. FLOC CLOCK III, MD NPI 160-1022086				