

Patient: [redacted]

DME Rx  
Munson Traverse City Sleep Disorders Center  
550 Munson Ave  
(231) 935-9307 Fax: (231) 935-9300

Patient  
Sticker

Patient Name: [redacted] Date of Birth: [redacted]  
Home Phone: [redacted]  
DME Company: MHME

☒ New PAP Device w/60d download ☐ Pressure Change ☐ If done in office, please indicate ☐ Mask Change  
☐ Download in \_\_\_ days ☐ Continue current pressure ☐ Continue current mask ☐ Continue current mask and pressure  
Diagnosis (ICD-10): ☒ OSA G47.33 ☐ CSA (G47.31) ☐ Tx emerg CSA (G47.37) ☐ COPD J44.9 ☐ Other: \_\_\_\_\_

Duration of Need: ☒ 12 months or ☐ Other: \_\_\_\_\_

☒ CPAP (E0601) Pressure: 14 C-Flex/EPR Setting: \_\_\_\_\_

☐ AutoPAP (E0601) Pressure Range: \_\_\_\_\_ C-Flex/EPR Setting: \_\_\_\_\_

☐ BiPAP S (E0470) IPAP: \_\_\_\_\_ EPAP: \_\_\_\_\_ Bi-Flex Setting: \_\_\_\_\_

☐ Auto BiPAP (E0470) Min EPAP \_\_\_\_\_ Max IPAP \_\_\_\_\_ PS \_\_\_\_\_

For BiPAP (E0470): ☐ Tried CPAP and failed \_\_\_\_\_ highest CPAP tried

☐ BiPAP ST (E0471) IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ Back up Rate \_\_\_\_\_

For BiPAP w/ backup rate (E0471) \_\_\_\_\_ Patient had \_\_\_\_\_ % central events (need > 50 % centrals)

☐ ASV (E0471) EPAP: \_\_\_\_\_ Max PS: \_\_\_\_\_ Min PS: \_\_\_\_\_

☐ ASV AUTO (E0471) Min EPAP: \_\_\_\_\_ Max IPAP: \_\_\_\_\_ Min PS: \_\_\_\_\_ Max PS: \_\_\_\_\_

For ASV patient had \_\_\_\_\_ % central events (need > 50 % centrals)

☐ IVAPS (E0471) Pt. Ht. \_\_\_\_\_ Target Rate \_\_\_\_\_ Target Vol \_\_\_\_\_ l/min EPAP \_\_\_\_\_ MinPS \_\_\_\_\_ MaxPS \_\_\_\_\_

☐ AVAPS (E0471) Pt. Ht. \_\_\_\_\_ Target Rate \_\_\_\_\_ Target Vol \_\_\_\_\_ l/min EPAP min \_\_\_\_\_ EPAP max \_\_\_\_\_ MinPS \_\_\_\_\_ MaxPS \_\_\_\_\_

Y Humidifier (E0562)

☐ Mask: Vitera Size: M Type: FFM ☐ Or Best Fit

PAP Mask and Supplies (Length of need 12 months)

Y Water Chamber (A7046) 1/6 mo. ☐ Nasal Cushion (A7032) 2/mo. ☐ Patient Preference

Y Heated Tubing (A4604) 1/3 mo. Y Full Face Mask (A7030) 1/3 mo. ☐ Nasal Pillows (A7033) 2/mo.

☐ Non-Heated Tubing (A7037) 1/3 mo. Y Full Face Cushion (A7031) 1/1 mo. Y Head Gear (A7035) 1/6 mo.

Y Disposable Filters (A7038) 2/1mo > ☐ Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 mo.

☐ Oxygen \_\_\_\_\_ LPM during sleep Mode: ☐ Inline w/CPAP/BiPAP ☐ Cannula

Comments: \_\_\_\_\_

Physician Signature: [Signature] Date of signature/order: 3-2-23

☐ [redacted] ☐ [redacted] ☐ [redacted]

☐ Jenny E. Reid, NP NPI 1447555073 ☐ Lois Neering, NP NPI 1215108584 ☐ James G. Milliken, MD NPI 1467459867

☐ John P. Kremarik, MD NPI 1932106531 ☐ Hillary Loomis-King, MD NPI 1346404068

Revised 01/09/2023