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## Standard Written Order

PROVIDER: **PATIENT** Fort Lauderdale, Florida 33309-1147 **Phone** (954)772-5052 FORT LAUDERDALE, Florida 33308-8517 FAX (954)834-1811 DOC ID: 1[8491[822182 Policy 4YG7R08PY53 PHYSICIAN: FRANK SORHAGE **Initial Date** 04/27/2023 1930 NE 47TH ST SUITE 205 Revised Date FT LAUDERDALE, Florida 33308 Recertification Length of Need 99 (in months) Prognosis

## DIAGNOSIS

ICD-10 Code

Description

G47.33

Obstructive sleep apnea (adult) (pediatric)

## **EQUIPMENT/SERVICES**

Qty I	Proc. Code	Item Name/Narrative
1 6	E0562	HUMIDIFIER HEATED USED W PAP at night
1 /	A7035	POS AIRWAY PRESS HEADGEAR INCLUDED 1 PER 6 MONTHS
1 /	A7037	AHC PAP SLIMLINE TUBING 1 PER 3 MONTHS
1 6	E0601	RESMED CPAP AIRSENSE 11 AUTOSET at night
6 /	A7038	Air11 Filter Standard, 2 Pack 2 PER 1 MONTH
1 /	A7030	(AHC ONLY) Fisher and Paykel Vitera FF Fitpack 1 PER 3 MONTHS
1 /	A7031	FULL FACE, NASAL PILLOW OR NASAL CUSHION INCLUDED 1 PER 1 MONTH
1 /	A7046	water chamber 1 PER 6 MONTHS
1 /	A7046	water chamber 1 PER 6 MONTHS

Signature:

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Date: 516-75