

Physician Order Form - CPAP Supplies

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	iONMySleep 185 E. Indiantown Rd, Suite 205 Jupiter, FL 33477 Fax: 877-234-5340 Call: 800-660-7094

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Obstructive Sleep Apnea, Adult Pediatric 327.23
- ☐ ☐ Hypersomnia with sleep apnea, unspecified 780.53
- ☐ ☐ Other unspecified sleep apnea, 780.57

Machine Type(s)

Machine Type	Pressure or Pressure Range
<input checked="" type="checkbox"/> CPAP or APAP (E0601)	_____ CM/H2O
<input type="checkbox"/> BiPAP / BiLevel (E0470)	_____ CM/H2O
<input type="checkbox"/> BiPAP ST / BiLevel ST / VPAP ST (E0471)	_____ CM/H2O
<input type="checkbox"/> BiPAP SV / BiLevel SV / VPAP SV (E0471)	_____ CM/H2O
<input type="checkbox"/> VPAPs (E0470)	_____ CM/H2O

Humidifier:

- ☐ ☒ Patient Preference
- ☐ ☐ Heated Humidifier (E0562)
- ☐ ☐ Passover Humidifier (E0561)

CPAP Mask/Interface/Delivery System:

- ☐ ☒ CPAP Mask, Patient Preference
- ☐ ☐ Other: _____ Size: _____

Supplies:

- ☐ ☒ All Related Supplies

The following dispensable equipment is necessary for the proper use of the CPAP equipment:

Full Face Mask (A7030)	Headgear (A7035)
Full Face Cushion (A7031)	Chinstrap (A7036)
Nasal Mask (A7034)	Tubing (A7037)
Mask Cushion (A7032)	Disposable Filters (A7038)
Nasal Pillows (A7033)	Heated Humidifier Tubing w/ Heating Element (A4604)
Oral Interface (A7044)	Exhalation Port/Swivel (A7045)
Humidifier Chamber (A7046)	Non-Disposable Filters (A7039)

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-866-353-2727