

Physician Order Form - BiPAP Supplies

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	XYZ Medical Supplies 789 Wellness Blvd, Suite 500 Healthytown, CA 90210 Fax: 877-555-9876 Call: 800-444-8888

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Obstructive Sleep Apnea (G47.33)
- ☐ ☐ Central Sleep Apnea (G47.20)
- ☐ ☐ Other: _____

BiPAP Machine Type(s)

Machine Type	Pressure or Pressure Range
<input checked="" type="checkbox"/> BiPAP (E0470)	_____ IPAP: _____ CM/H2O
<input type="checkbox"/> BiPAP ST (E0471)	_____ EPAP: _____ CM/H2O
<input type="checkbox"/> BiPAP AVAPS (E0471)	_____ CM/H2O

Humidifier:

- ☐ ☒ Heated Humidifier (E0562)
- ☐ ☐ Passover Humidifier (E0561)
- ☐ ☐ No Humidifier Needed

BiPAP Mask/Interface/Delivery System:

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

Supplies:

- ☐ ☒ All Related Supplies

The following dispensable equipment is necessary for the proper use of the BiPAP 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: 1-877-555-9876