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

O New PAP Device w/60d download O Pressure Change O If done in office, please indicate O Mask Change
O Download in ___ days O Continue current pressure O Continue current mask O Continue current mask and pressure
Diagnosis (ICD-10): O OSA G47.33 O CSA (G47.31) O Tx emerg CSA (G47.37) O COPD J44.9 O Other: _____
Duration of Need: O 12 months or O Other: _____

O CPAP (E0601) Pressure: 14 C-Flex/EPR Setting: _____
O AutoPAP (EO601) Pressure Range: _____ C-Flex/EPR Setting: _____
O BiPAP S (E0470) IPAP: ____ EPAP: ____ Bi-Flex Setting: _____
O Auto BiPAP (E0470) Min EPAP_____ Max IPAP_____ PS_____
For BiPAP (E0470) : O Tried CPAP and failed _____highest CPAP tried
O BiPAP ST (E0471) IPAP_____ EPAP_____ Back up Rate_____
For BiPAP w/ backup rate (E0471) _____ Patient had ____% central events (need > 50 % centrals)
O ASV (E0471) EPAP: ____ Max PS: _____ Min PS: _____
O ASV AUTO (E0471) Min EPAP: ____ Max IPAP: _____ Min PS: ____ Max PS: _____
For ASV patient had ____% central events (need > 50 % centrals)
O IVAPS (E0471) Pt. Ht._____ Target Rate_____ Target Vol____l/min EPAP____ MinPS____ MaxPS____
O AVAPS (E0471) Pt. Ht.___ Target Rate___ Target Vol____l/min EPAP min____ EPAP max___ MinPS____ MaxPS____
Y Humidifier (E0562)
O Mask: Vitera Size: M Type: FFM O Or Best Fit

PAP Mask and Supplies (Length of need 12 months)

Y Water Chamber (A7046) 1/6 mo. O Nasal Cushion (A7032) 2/mo. O Patient Preference
Y Heated Tubing (A4604) 1/3 mo. Y Full Face Mask (A7030) 1/3 mo. O Nasal Pillows (A7033) 2/mo.
O 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 > O Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 mo.
O Oxygen ____LPM during sleep Mode: O Inline w/CPAP/BiPAP O Cannula

Comments:_____

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

O [redacted] O [redacted]

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Revised 01/09/2023