DME R Masson Treverse City Steep Disorders Center  **SO Masson Ave (23) 935-9307 Fax: (231) 935-9300  Patient Name Home Phone DME Company:  **ONEW PAP Device w/60d download***O Pressure Change O Download indays O-Continue current pressure Diagnosis (ICD-10): O OSA G47,33 O CSA (G47.31) O Tx emerg CSA (G47.37) O COPD J44.9 O Other:  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:  **OPAP (E0601)** Pressure:l-l	ent:					ı
Home Phone   DME Company:   1999   E	Munson Traverse City SI 550 Munson Ave	•	_			
O Download in	Home Phone	MAME	Date of Birth			
O AutoPAP (E0601)   Pressure:   14	O Download in days	O Continue current p	oressure O Contin	nue current mask	O Continue current mask	_
O AutoPAP (E0601) Pressure Range:	Duration of Need:	Q 12 months or	O Other:	_		
O BiPAP S (E0470)   IPAP:	O CPAP (E0601)	Pressure: 14		C-Flex/EP)	R Setting:	
O Auto BiPAP (E0470) Min EPAP Max IPAP PS	O AutoPAP (EO601)	Pressure Range:		C-Flex/EP	R Setting:	
Date of signature   For BiPAP (E0471)   IPAP	O BiPAP S (E0470)	1PAP:	EPAP:	Bi-Flex Set	tting:	
D BiPAP ST (E0471)   IPAP	O Auto BiPAP (E0470	) Min EPAP	Max IPAP	PS		
D BiPAP ST (E0471)   IPAP	For BiPAP (E0470) :	O Tried CPAP and fa	iled highest	CPAP tried		
Patient had	1				tate	
O ASV (E0471)	, ,				% centrals)	
For ASV patient had% central events (need > 50 % centrals)   O IVAPS (E0471)	_					
O IVAPS (E0471) Pt. Ht Target Rate Target Vol I/min EPAP MinPS MaxPS O AVAPS (E0471) Pt. Ht Target Rate Target Vol I/min EPAP min EPAP max MinPS MaxPS Y Humidifier (E0562)  O Mask:	<b>O ASV AUTO</b> (E0471	) Min EPAP:	Max IPAP:	Min PS: M	lax PS:	
O AVAPS (E0471) Pt. Ht Target Rate Target Vol l/min EPAP min EPAP max MinPS MaxPS Y Humidifier (E0562)  O Mask: / Tera Size: Type: PM 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 m  Y Disposable Filters (A7038) 2/1mo > O Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 m  O Oxygen LPM during sleep	For ASV patient had _	% central events (	(need > 50 % centrals)			
Y Humidifier (E0562)  O Mask: Vitera Size: M Type: FPM 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 m  Y Disposable Filters (A7038) 2/1mo > O Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 m  O Oxygen LPM during sleep Mode: O Inline w/CPAP/BiPAP O Cannula  Comments:  Physician Signature: Date of signature/order: 3-1 - 2  O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	O IVAPS (E0471)	rt. Ht Target R	ate Target Vol	l/min EPAP	MinPS MaxPS	
O Mask: Vitera Size: M Type: FM 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 m  Y Disposable Filters (A7038) 2/1mo > O Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 m  O Oxygen LPM during sleep Mode: O Inline w/CPAP/BiPAP O Cannula  Comments:  Physician Signature: Date of signature/order: 2 2 2 2  O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	O AVAPS (E0471) Pt	. Ht Target Rate	Target Voll/mi	n EPAP minE	PAP max MinPS	_ MaxPS
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 m  Y Disposable Filters (A7038) 2/1mo >  O Nasal Mask (A7034) 1/3 mo.  Y Chin Strap (A7036) 1/6 m  O Oxygen  LPM during sleep  Mode: O Inline w/CPAP/BiPAP  O Cannula  Comments:  Date of signature/order:  O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	Y Humidifier (E0562)					
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 m Y Disposable Filters (A7038) 2/1mo > O Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 m O Oxygen LPM during sleep Mode: O Inline w/CPAP/BiPAP O Cannula Comments: Date of signature/order: 3-2-2 O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	O Mask: /itera	s	ize: M Type: PP	<u>4</u> c	Or Best Fit	
Y Heated Tubing (A4604) 1/3 mo.  Y Full Face Mask (A7030) 1/3 mo.  O Non-Heated Tubing (A7037) 1/3 mo.  Y Full Face Cushion (A7031) 1/1 mo.  Y Head Gear (A7035) 1/6 m  Y Disposable Filters (A7038) 2/1mo >  O Nasal Mask (A7034) 1/3 mo.  Y Chin Strap (A7036) 1/6 m  O Oxygen  LPM during sleep  Mode: O Inline w/CPAP/BiPAP  O Cannula  Comments:  Date of signature/order:  O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	PAP Mask and Suppli	es (Length of need 12	months)			
O Non-Heated Tubing (A7037) 1/3 mo.  Y Full Face Cushion (A7031) 1/1 mo.  Y Head Gear (A7035) 1/6 m Y Disposable Filters (A7038) 2/1mo >  O Nasal Mask (A7034) 1/3 mo.  Y Chin Strap (A7036) 1/6 m O Oxygen  LPM during sleep  Mode: O Inline w/CPAP/BiPAP  O Cannula  Comments:  Date of signature/order: 3222  O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	Y Water Chamber (A	7046) 1/6 mo.	O Nasal Cushio	π (Λ7032) 2/mo.	O Patient Preferen	ce
Y Disposable Filters (A7038) 2/1mo > O Nasal Mask (A7034) 1/3 mo. Y Chin Strap (A7036) 1/6 m  O OxygenLPM during sleep	Y Heated Tubing (A46	504) 1/3 mo. Y	Full Face Mask (A703	0) 1/3 mo. O	Nasal Pillows (A7033) 2/n	10.
O OxygenLPM during sleep Mode: O Inline w/CPAP/BiPAP O Cannula  Comments: Date of signature/order:	O Non-Heated Tubing	g (A7037) 1/3 mo.	Y Full Face Cus	shion (A7031) 1/1 mc	o. Y Head Gear (A703	5) 1/6 m
Comments:  Physician Signature:  Date of signature/order: 3-2-2  O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	Y Disposable Filters (A	A7038) 2/1mo >	O Nasal Mask (.	A7034) 1/3 mo.	Y Chin Strap (A703	6) 1/6 n
Physician Signature:  Date of signature/order: 3-2-2  O  Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	O Oxygen	LPM during sleep	Mode: O Inline	w/CPAP/BiPAP	O Cannula	
O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	Comments:					
O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986						10
O Jenny E. Reid, NP NPI 1447555073 O Lois Neering, NP NPI 1215108584 O James G. Milliken, MD NPI 146745986	Physician Signature:	LERY		Date of	f signature/order:	1-2-
	O		.€			

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