

Standard Written Order

PROVIDER:

PATIENT:

DOC ID: 1|8491|883283

PHYSICIAN: CARLOS R. SANTOS

16855 NE 2 AVE SUITE 302A

N MIAMI BEACH, Florida 33162

License #

Phone

NPI

Fax

Initial Date 07/14/2023

Revised Date

Recertification

Length of Need 99
(in months)

Prognosis

DIAGNOSIS

ICD-10 Code	Description
G47.33	Obstructive sleep apnea (adult) (pediatric)

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
1	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
6	A7031	FULL FACE, NASAL PILLOW OR NASAL CUSHION INCLUDED 1 PER 1 MONTH
1	E0601	RESMED CPAP AIRSENSE 11 AUTOSET at night
6	A7030	Resmed AirFit F20 System Medium w/hdgr 1 PER 3 MONTHS
6	A7038	Air11 Filter Standard, 2 Pack 2 PER 1 MONTH
1	A7036	Premium Chin Strap; 1 PER 6 MONTHS
1	A7039	REMSTAR PRO POLLEN FILTER 1 PK 1 PER 6 MONTHS
1	A7046	Dreamstation Water Chamber 1 PER 6 MONTHS

Signature: _____

Date: _____



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