

CPAP/BI-LEVEL PRESCRIPTION

Date: _____ / _____ / _____

Patient: _____ DOB: _____ / _____ / _____

SS#: _____ HT: _____ WT: _____ lbs.

Length of need: 12 months 99 months (lifetime) DME: _____

DIAGNOSIS: 327.23 OSA 327.21 CSA 496 COPD AHI = _____

Physician ordered unit to include supplies for one year:

CPAP: _____ CM@H.S. EPR: _____ Ramp as needed for tolerance.

CPAP attempt was unsuccessful, BiPAP trial resulted in the following:

BIPAP: I = _____ CM E = _____ CM@H.S.
BIPAP S/T: I = _____ CM E = _____ CM @ H.S.
ADAPT SV: EPAP = _____ Max PS: _____ Min PS = _____ H.S.

If pressure change required, was pressure change done in Sleep Center? Yes No

Nasal Mask:

1. Type: _____ Size: _____ Chin Strap? Yes No
2. Cold Passover humidifier tried without success and heated humidity required? Yes No
3. Heated humidification, because of its ability to create and retain moisture levels, is recommended to alleviate sinusitis, cracking, bleeding, and other effects of nasal dryness. Yes No

Oxygen:

_____ lpm required due to respiratory failure Lowest recorded SAO2 = _____%

_____ Discontinue nocturnal supplemental oxygen

PHYSICIAN SIGNATURE: _____ Date: _____ / _____ / _____

Chest & Sleep Medicine

Pulmonary Associates

- | | |
|---|---|
| <input type="checkbox"/> Dr. Rao, MD: 1356341655 | <input type="checkbox"/> Dr. Abadian Sharifabad, MD: 1164655817 |
| <input type="checkbox"/> Dr. Varghese, MD: 1740282249 | <input type="checkbox"/> Dr. Patel, MD: 1932109246 |
| <input type="checkbox"/> Dr. Youssef: 1467595975 | <input type="checkbox"/> Dr. Seedahmed, MD: 1619925120 |
| | <input type="checkbox"/> Dr. Wadenstorfer, MD: 1861492167 |
| <input type="checkbox"/> Dr. G. Rode, MD: 1033132188 | |



640B

PT.

MR.#/P.M.

DR.