



Phone: 1.877.774.9271 Fax: 1.866.651.1261  
7042 S. Revere Parkway, Suite 450  
Centennial, CO 80112

**Physicians Order Form for CPAP/BiLevel Supplies**

Today's Date: \_\_\_\_\_ Date of H&P: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Physician Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CPAP: pressure \_\_\_\_\_ BiLevel: pressure IPAP/EPAP: \_\_\_\_\_/\_\_\_\_\_

APAP; min/max \_\_\_\_\_ ASV: EPAP \_\_\_\_\_ min/max ps \_\_\_\_\_

Humidification: (circle): ClimateLine (A4604) Heated

Mask: Pt. Preference or \_\_\_\_\_

Use with O2 at \_\_\_\_\_ LPM via nasal cannula \_\_\_\_\_ via PAP. Use 8 hours per night and naps.

D/C nocturnal supplemental oxygen \_\_\_\_\_

Dx: OSA 327.23 \_\_\_\_\_ Hypoxia \_\_\_\_\_ 799.02, Other \_\_\_\_\_

Length of need: (circle): 99 months or \_\_\_\_\_