Reliable RESPIRATORY

Patient Name: _____ Date of Birth: _____

Phone: _____ Email: _____

Primary Insurance Name/ID: _____

Patient Address: _____

Referral Type (please select one): [ ] New [ ] Replacement [ ] Transfer (Supplies Only)

Date of Study: _____

AHI: _____ ESS: _____

If AHI is 5-14:

[ ] Excessive Daytime Sleepiness, Impaired Cognition, Mood Disorders, or Insomnia

[ ] Hypertension, Ischemic Heart Disease, or Stroke

DME ORDER:

Desired Machine Brand: _____

[ ] CPAP (E0601):_____cm H2O

[ ] APAP (E0601): Min:_____cm H2O to Max: _____cm H2O

[ ] Bilevel (E0470): IPAP:_____cm H2O; EPAP_____cm H2O

[ ] Bilevel Auto (E0470): IPAP Max:_____cm H2O; EPAP Min:_____cm H2O; PS:_____cm H20

[ ] Bilevel ST (E0471): IPAP:_____cm H2O; EPAP:_____cm H2O; BR:_____BPM

[ ] ResMed Aircurve ASV (E0471):

ASV mode: EPAP :_____cm H2O PS Min:_____cm H2O to PS Max:_____cm H2O

ASV Auto: EPAP Min:_____cm H2O to EPAP Max:_____cm H2O; PS Min:_____cm H2O to PS Max:_____cm H2O

Mask Preference: _____

[✓] Full Face Mask (A7030); 1 per 3 months & Full Face Mask Cushions (A7031); 1 per 1 month

[✓] Nasal Mask (A7034); 1 per 3 months & Nasal Mask Cushions (A7032); 2 per 1 month

[✓] Nasal Pillow Mask (A7034); 1 per 3 months & Nasal Pillows (A7033); 2 per 1 month

Supplies:

[✓] Heated Humidifier (E0562)
[✓] Water Chamber (A7046); 1 per 6 months
[✓] Headgear (A7035); 1 per 6 months
[✓] Heated Tubing (A4604); 1 per 3 months
[✓] Disposable Filters (A7038); 2 per 1 month
[✓] Reusable Filters (A7039); 1 per 6 months
[✓] Chinstrap (A7036); 1 per 6 months
[ ] _____

Diagnosis:

[ ] G47.33 Obstructive Sleep Apnea [ ] G47.31 Central Sleep Apnea [ ] _____

Length of Need: Lifetime (unless otherwise specified) _____

Therapeutic Objective: To Treat OSA/CSA **Frequency of Use:** Nightly or While Napping

Ordering Physician:

Name: _____ **NPI:** _____

Address:_____ **Phone:**_____ **Fax:**_____

Signature: _____ **Date:** _____

CPAP/BiPAP orders require a Sleep Study & Office Notes for processing.

Provider: **Reliable Respiratory** Phone: **781.551.3335** Fax: **781.987.8206**