

**CPAP /APAP/Bi-Level PRESCRIPTION**

Patient Name: _____	Date of Study: _____
Address: _____ Telephone: _____	AHI: _____ ESS: _____
(H) _____ (W) _____	<b>Scheduled appointment:</b>
Date of Birth: _____ A#: _____	Date: _____ Time: _____

<b>PRIMARY DIAGNOSIS (ICD-10):</b> <input type="checkbox"/> Obstructive Sleep Apnea (G47.33) <input type="checkbox"/> UARS (G47.33) <input type="checkbox"/> Primary Central Sleep Apnea (G47.37) <input type="checkbox"/> Other: _____	<b>HISTORY:</b> <b><u>If AHI is 5 to 14:</u></b> <input type="checkbox"/> Excessive Daytime Sleepiness, Impaired Cognition, Mood Disorders, or Insomnia <input type="checkbox"/> Hypertension, Ischemic Heart Disease, or Stroke
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**Rx:**

**Device:**

Continuous Positive Airway Pressure (E0601): (CPAP) \_\_\_ cm H<sub>2</sub>O

Auto-Titrating PAP (E0601) Min: \_\_\_ cm H<sub>2</sub>O Max: \_\_\_\_\_ cm H<sub>2</sub>O Download Auto: \_\_\_\_\_

Set up for 1 month, then set up on CPAP at 90-95% of auto pressure)

Bi-Level Positive Airway Pressure (E0470): I= \_ / E= \_\_\_\_\_ cm H<sub>2</sub>O

Bi-Level Positive Airway Pressure Spontaneous-Timed with Back Up Rate(E0471): I= \_ / E= \_\_\_\_\_ cm H<sub>2</sub>O \_\_\_\_\_ bpm

Auto-Titrating Bi-Level PAP (E0470) Min EPAP: \_\_\_\_\_ cm H<sub>2</sub>O Max IPAP: \_\_\_\_\_ cm H<sub>2</sub>O Max Δ: \_\_\_ cm H<sub>2</sub>O

ResMed VPAP Adapt SV – CSA (E0471): EEP:\_\_\_ PS Minimum: \_\_\_\_\_ PS Maximum: \_\_\_\_\_

Resironics Bipap AutoSV – CSA (E0471): (CSA):IPAPmin: \_\_\_\_\_ IPAPmax: \_\_\_\_\_ EPAP: \_\_\_\_\_ Rate: \_\_\_\_\_  
 Rise Time: \_\_\_ ITime: \_\_\_\_\_

**Length of Need:**

Lifetime (99 years)       Other: \_\_\_\_\_

**Additional Requirements:**

<input checked="" type="checkbox"/> Heated Humidity (E0561)	<input checked="" type="checkbox"/> Disposable Filters (A7038)	<input checked="" type="checkbox"/> Nasal Cushion (A7032)	<input checked="" type="checkbox"/> Full Face Cushion (A7031)
<input checked="" type="checkbox"/> Nasal Mask (A7034)	<input checked="" type="checkbox"/> Non-disposable Filters (A7039)	<input checked="" type="checkbox"/> Pillows (A7033)	<input checked="" type="checkbox"/> Non Heated Tube (A7037)
<input checked="" type="checkbox"/> Full Face Mask (A7030)	<input checked="" type="checkbox"/> Chin Strap (A7036)	<input checked="" type="checkbox"/> Heated Tube (A4604)	<input checked="" type="checkbox"/> Water Chamber(A7046)
<input checked="" type="checkbox"/> Headgear (A7035)	<input checked="" type="checkbox"/> _____		

Supplemental O<sub>2</sub> @ \_\_\_\_\_ lpm \_\_\_\_\_ Nocturnal \_\_\_\_\_ PRN \_\_\_\_\_ Continuous

SIGNATURE: \_\_\_\_\_ NPI: \_\_\_\_\_

DATE: \_\_\_\_\_