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| RESPSHOP PRESCRIPTION FOR CPAP/BIPAP**Patient Information** |
| NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ORDERING PHYSICIAN CONTACT INFORMATION** |
| **Machine Type and Corresponding Pressure** |
| **CPAP Pressure: \_\_\_\_\_\_\_\_\_\_**cmH20  **AutoCpap Pressure:** MIN **\_\_\_\_\_\_\_\_\_**cmH20MAX **\_\_\_\_\_\_\_\_\_\_**cmH20**BIPAP AUTO Dreamstation:** \_\_\_\_\_\_MAX IPAP \_\_\_\_\_\_\_MIN EPAP \_\_\_\_\_\_\_MIN PS \_\_\_\_\_\_\_MAX PS**RESMED 10 VAUTO:** \_\_\_\_IPAP \_\_\_\_\_ EPAP \_\_\_\_PS**Dreamstation BiPAP ST: \_\_\_\_\_\_\_**IPAP \_\_\_\_\_\_\_EPAP \_\_\_\_\_\_RATE **Bipap VPAP ST/ASV**: Rate\_\_\_\_ IPAP\_\_\_\_EPAP\_\_\_\_ Ti\_\_\_\_**Bipap VPAP ASV/ST:** min PS\_\_\_\_\_ Max PS\_\_\_\_\_ Min EPAP\_\_\_\_\_ Max IPAP\_\_\_\_ **Bipap VPAP ST:** Max PS\_\_\_\_\_ Min PS\_\_\_\_\_ EPAP\_\_\_\_\_\_ RATE\_\_\_\_\_ VT\_\_\_\_\_\_**BiPAP AVAPS:** Ipap Max\_\_\_\_ Ipap Min\_\_\_\_\_ Epap\_\_\_\_\_ VT\_\_\_\_\_\_ Rate\_\_\_\_\_\_ ITime\_\_\_\_\_\_ Rise Time\_\_\_\_\_\_**BiPAP autoSV:** Min Epap\_\_\_ Max EPAP\_\_\_\_\_ Min PS \_\_\_\_\_ Max PS \_\_\_\_\_\_ Max Pressure\_\_\_\_\_\_ Rate\_\_\_\_\_\_ |
| **SUPPLIES NECESSARY FOR USE OF PAP EQUIPMENT** |
| \_\_\_\_\_\_Full Face Mask \_\_\_\_\_\_ Nasal Mask \_\_\_\_\_\_\_Nasal Pillows \_\_\_\_\_\_\_Heated Humidifier \_\_\_\_\_\_Chin Strap \_\_\_\_\_\_ Tubing \_\_\_\_\_\_ Disposable Filters \_\_\_\_\_\_\_\_ Non-Disposable Filters \_\_\_\_\_\_\_\_ Heated Tubing\_\_\_\_\_\_\_Humidifier Chamber \_\_\_\_\_\_\_ CPAP Pressure Valve \_\_\_\_\_\_\_\_\_O2 Enrichment Adaptor |
| **DURATION OF USE****\_\_\_\_\_** Lifetime (99Months) \_\_\_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_\_\_\_\_Months |
| **PHYSICIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****RESPSHOP****9215 151st AVE NE, Redmond WA 98052****sales@respshop.com** **/ Phone: 866-936-3754 / Fax: 866-936-3730** |