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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**](mailto:sales@respshop.com) **/ Phone: 866-936-3754 / Fax: 866-936-3730** |