

Order Date:

PAP Device WOPD

Written Order Prior to Delivery

Fort Medical Equipment LLC 306 Washington Street

Ft. Atkinson, WI 53538 Phone: 920-568-9860

Fax: 872-469-1691

Patient Name	:	Home Phone:	
Date of Birth:		Cell Phone:	
Diagnosis:	G47.33 Obstructive Sleep Apnea	G47.31 Central Sleep Apnea	G47.39 - Other sleep apnea
Duration: PAP DEVICE (select one and		G47.37 - Central sleep apnea in conditions classified elsewhere	Other:
Cpap (E0601)		EPR / CFlex	
Auto Cpap (E0601)			
If a Bilevel is being ordered, has the cpap been tried and proven ineffective based on a therapeutic trial? Yes No (please circle)			
Bilevel (E0470))	cwp	
Bilevel Auto (E0470)	PAP max cwp, EP	AP min cwp. PS	-
Bilevel ST (E0471))	cwp, Breathing Rate of	_/minute.
Resmed VPAP Adap (E0471	FED CM/D DC main	PS max	
Resmed VPAP Adapt Auto (E0471	l lees :	_ PS min PS max	_
Respironics Bipap Auto S\ (E0471		PAP (range 4-25) PS min	PS max Backup
HUMIDIFIER	(select one) TUBI	NG (select one) FILT	TERS (select all that are required)
	Heated (E0562)	Heated (A4604) 1/3 months	Disposable - (A7038) 2/month
	Cool (E0561)	Standard (A7037) 1/6 months	Non-Disposable (A7039) 1/6 months
Mask Options - Select Full, Nasal, or Pillows (Order must only be for one mask type. Submit an additional order for other mask types.)			
Full Face Mask	((select all if the full face mask is ordered) Mask (A7030) 1/3 months	Repl Cushion (A7031) 1/month	Headgear (A7035) 1/6 months
Nasal Mask	(select all if a nasal face mask is ordered) Mask (A7034) 1/3 months	Repl Cushion (A7032) 1/month	Headgear (A7035) 1/6 months
Nasal Pillows	(select all if a nasal pillows mask are ordered) Mask (A7034) 1/3 months	Repl Pillows (A7033) 1 set/month	Headgear (A7035) 1/6 months
Other Accessories			
	Repl Water Chamber for Humidifier (A7046) 1/6months	Chin Strap (A7036) 1/6months	Compliance Monitoring (A9279)
If the patient is currently receiving oxygen therapy, please complete: Nocturnal Oxygen Bleed InLPM			
Physician Name:			NPI:
Physician Signature:			ate :
Physician Phone	:	1	ax: