

Physician Order Form - CPAP Supplies

Physician Contact	Patient Contact	Supplier
Name: _____	Name: _____	iONMySleep,LLC
Phone: _____	Phone: _____	Fax:877-234-5340
Fax: _____	eMail: _____	Call:877-435-2861

Patient Name: _____ **Patient DOB:** _____ Attn: Retail

Diagnosis:

- Obstructive Sleep Apnea, Adult Pediatric 327.23 Other unspecified sleep apnea, 780.57
 Hypersomnia with sleep apnea, unspecified 780.53

Machine Type(s)

- | | | |
|--|-----------------------------------|--------|
| <input type="checkbox"/> CPAP or APAP (E0601) | Pressure or Pressure Range: _____ | CM/H2O |
| <input type="checkbox"/> BiPAP / BiLevel / VPAP (E0470) | Pressure or Pressure Range: _____ | CM/H2O |
| <input type="checkbox"/> BiPAP ST / BiLevel ST / VPAP ST (E0471) | Pressure or Pressure Range: _____ | CM/H2O |
| <input type="checkbox"/> BiPAP SV / BiLevel SV / VPAP SV (E0471) | Pressure or Pressure Range: _____ | CM/H2O |
| <input type="checkbox"/> VPAPs (E0470) | Pressure or Pressure Range: _____ | CM/H2O |

Humidifier(s)

- Patient Preference Heated Humidifier (E0562) Passover Humidifier (E0561)

CPAP Mask/Interface/Delivery System:

- CPAP Mask, Patient Preference Other: _____ Size: _____

Supplies:

- All Related Supplies

The following dispensable equipment is necessary for the proper use of the CPAP equipment and is not a part of the CPAP machine when purchased and needs to be replaced on a regular basis:

Full Face Mask (A7030)	Headgear (A7035)	Oral Interface (A7044)
Full Face Cushion (A7031)	Chinstrap (A7036)	Exhalation Port/Swivel (A7045)
Nasal Mask (A7034)	Tubing (A7037)	Humidifier Chamber (A7046)
Mask Cushion (A7032)	Disposable Filters (A7038)	Non-Disposable Filters (A7039)
Nasal Pillows (A7033)	Heated Humidifier Tubing w/ Heating Element (A4604)	

The above named patient was diagnosed as indicated. Due to the potentially dangerous consequences of disturbed sleep and sleep deprivation, which include the possibility of falling asleep in critical situations, treatment of this condition is considered mandatory rather than elective, on a nightly basis for a long term to lifetime duration (99 months).

Physician's Signature: _____ **NPI:** _____

Date: _____ **License:** _____

Please Fax To: 1-877-234-5340