

ORDERING PHYSICIAN

Office Contact Name: _____

Phone: _____ Fax: _____

SUPPLIER INFORMATION

National, ACHC Accredited Medicare Provider

iONMySleep 185 E. Indiantown Rd,
Suite 205 Jupiter, FL 33477

Fax: 877.234.5340

Call: 800-660-7094 (Speak w/ Sleep Specialist)

PATIENT'S INFORMATION:

Úæcá^} c!•ÁØ~ || Name: _____

Úæcá^} c!•ÁÚ@ [} ^: _____

Úæcá^} c!•ÁQ} •~!æ}&^: _____

We accept Mediare, Commercial Insurance, and Private Pay

Diagnosis:

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

Other unspecified sleep apnea, 780.57

Machine Type(s)

- | | | |
|--|-----------------------------------|--------|
| <input checked="" 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 and needs to be replaced on a regular basis to provide maximum therapeutic benefit:

Full Face Mask (A7030) Full
Face Cushion (A7031) Nasal
Mask (A7034) Mask Cushion
(A7032) Nasal Pillows (A7033)

Headgear (A7035) Chinstrap
(A7036) Tubing (A7037)
Disposable Filters (A7038)

Oral Interface (A7044)
Exhalation Port/Swivel (A7045)
Humidifier Chamber (A7046) Non-
Disposable Filters (A7039)

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: 1-866-353-2727