

In Home Respiratory, LLC

CPAP/BiPap Prescription

Fax to: (318) 861-5963

Effective Date: _____

Ordering Provider: _____ NPI: _____

Patient Name: _____ DOB: _____

PLEASE INCLUDE: _____ *Patient Face Sheet
(IF CHECKED) _____ *Sleep Study (Diagnostic and Titration or Split Night) and interpretation report
_____ *Face to Face clinical notes prior to the Diagnostic/Split Night sleep study

EQUIPMENT ORDERED:

Pressure:

_____ E0601 CPAP _____ cm
_____ E0601 CPAP Auto _____ - _____ cm
_____ E0470 BiPAP _____ - _____ cm
_____ E0470 BiPAP Auto _____ - _____ cm _____ ps
_____ E0471 BiPAP w/ rate _____ - _____ cm _____ rate
_____ E0562 Heated Humidifier

DIAGNOSIS:

_____ G47.33 Obstructive Sleep Apnea
_____ G47.31 Primary Central Sleep Apnea
_____ G47.37 Central Sleep Apnea- elsewhere
_____ G47.39 Mixed Sleep Apnea
_____ Other: _____
_____ Other: _____

WITH THE FOLLOWING NEEDED SUPPLIES:

_____ **Mask-Fit to patient comfort** 1/3mos
_____ A7030 Full Face Mask 1/3mos
_____ A7034 Nasal Mask 1/3mos
_____ A7027 Combination Oral/Nasal Mask 1/3mos

_____ **Cushion-Fit to patient comfort** 1/3mos
_____ A7031 Full Face Mask Insert 1/mo
_____ A7032 Nasal Mask Cushion 2/ mo
_____ A7033 Pillow replacement 2pr/mo

_____ A7035 Headgear 1/6 mos

_____ **Tubing-Fit to patient comfort** 1/3mos
_____ A7037 Tubing 1/3mos
_____ A4604 Tubing with integrated heating 1/6mos

_____ A7038 Filters- disposable 2/mo
_____ A7039 Filter- non disposable 1/6 mos
_____ A7036 Chin strap 1/6mos
_____ A7046 Humidifier chamber 1/6 mos
_____ A9279 Monitoring device- card/modem 1.0
_____ 94660 Respiratory Therapist Visit

_____ Other _____
_____ Other _____

I have completed this DME Order Form and have prescribed these items as necessary medical equipment for the diagnosis indicated. This equipment and replacement supplies are medically necessary as needed for lifetime (99 months) unless otherwise noted. This document acts as a prescription and Letter of Medical Necessity when signed by a physician.

Provider Signature (no stamps, please)

Date and Time

Supplier: In Home Respiratory, LLC

870 Olive Street, Shreveport, LA 71104 Phone (318) 797-0471 Fax (318) 861-5963