



5039 Pentecost Drive, Suite C, Modesto, CA 95356  
(877) 799-0202

# PHYSICIAN ORDER RESPIRATORY THERAPY

**FAX: 888-499-0202**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

- Diagnosis:**
- COPD (dx: j44.9)     Emphysema (dx: j43.9)     CHF (dx: i50.9)
- OSA (dx: g47.33)     Chronic Bronchitis (dx: j42)     Asthma (dx: j45)     Other (dx: \_\_\_\_\_)

**Length of Need:** \_\_\_\_\_ # months (lifetime is 99)

## OXYGEN THERAPY

### Continuous (24/7) Use

- E1390 - Stationary Concentrator
- E1392 - Portable Oxygen Concentrator (Patient Choice)
- K0738 - Oxygen Homefilling Device (for portability)
- \*Patient to be assessed for proper portability needs**

Oxygen flow rate: \_\_\_\_\_ LPM

- Oxygen Mask     Titrate     Humidification
- LAB: Overnight Pulse Oximetry

### Nocturnal Use

- E1390 - Stationary Concentrator
- Oxygen flow rate: \_\_\_\_\_ LPM
- Oxygen Mask     Oxygen Bleed-in \_\_\_\_\_ LPM
- Humidification

## AEROSOL

### Nebulizer & Supplies

- E0570 Compressor
- A7005 Reusable Kit
- A7015 Neb Mask

### Nebulizer Supplies Only

- A7005 Reusable Kit
- A7003 Disposable Kit
- A7015 Neb Mask

## SLEEP THERAPY

- E0601 CPAP @ \_\_\_\_\_ cmH<sub>2</sub>O     E0601 Auto CPAP @: \_\_\_\_\_ - \_\_\_\_\_ cmH<sub>2</sub>O     E0562 Heated Humidifier
- E0470 Bi-Level @ \_\_\_\_\_ IPAP \_\_\_\_\_ EPAP     E0470 Auto Bi-Level @ IPAP Max @ \_\_\_\_\_ EPAP Min @ \_\_\_\_\_ Pressure Support: \_\_\_\_\_
- E0471 Bi-PAP ST IPAP @ \_\_\_\_\_ EPAP @ \_\_\_\_\_ Back-up Rate
- E0471 Bi-Level ASV IPAP Max \_\_\_\_\_ IPAP Min \_\_\_\_\_ EPAP @ \_\_\_\_\_ Back-up Rate \_\_\_\_\_ Auto Back-up Rate \_\_\_\_\_
- Change CPAP/Bi-PAP Pressure: \_\_\_\_\_     O<sub>2</sub> Bleed-in \_\_\_\_\_ LPM

## PAP SUPPLIES

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> <b>Full Face Mask</b> | <input type="checkbox"/> <b>Nasal Mask</b> | <input type="checkbox"/> <b>Nasal Pillows</b> | <b>PAP-Related Supplies</b>   |
| A7030 - Mask                                   | A7034 - Mask                               | A7034 - Mask                                  | <input type="checkbox"/> A7038 - Disposable Filter <input type="checkbox"/> A4604 - Heated Tubing |
| A7031 - Cushion                                | A7032 - Cushion                            | A7033 - Cushion                               | <input type="checkbox"/> A7039 - Reusable Filter <input type="checkbox"/> A7046 - Water Chamber   |
| A7035 - Headgear                               | A7035 - Headgear                           | A7035 - Headgear                              | <input type="checkbox"/> A7037 - Standard Tubing <input type="checkbox"/> A7036 - Chinstrap       |

Specific Mask Type/Size: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

NPI#: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_