



Your Medical Equipment Solution

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: _____

OXYGEN THERAPY

Continuous (24/7) Use

- Stationary Concentrator (Qty 1)
- Portable Oxygen Device (Qty 1)
- Oxygen flow rate: _____ LPM
- Oxygen Mask Titrate Humidification
- LAB: Overnight Pulse Oximetry
- Oxymizer Pendant

Nocturnal Use

- E1390 - Stationary Concentrator
- Oxygen flow rate: _____ LPM
- Oxygen Mask
- Humidification

AEROSOL

Nebulizer & Supplies

- Compressor (Qty 1)
- Reusable Kit (1 every 6 months)
- Neb Mask (1 every month)

Nebulizer Supplies Only

- Reusable Kit (1 every 6 months)
- Disposable Kit (2 every month)
- Neb Mask (1 every month)

SLEEP THERAPY

- E0601 CPAP @ _____ cmH₂O E0601 Auto CPAP @: _____ - _____ cmH₂O 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: _____ O₂ Bleed-in _____ LPM

PAP SUPPLIES

Please check all that apply:

- A7030 Full Face Mask (1 every 3 months)
- A7031 Full Face Cushion (1 every month)
- A7035 Headgear (1 every 6 months)
- A7046 Water Chamber (1 every 6 months)
- A7037 Standard Tubing (1 every 3 months)
- A4604 Heated Tubing (1 every 3 months)
- A7034 Nasal Mask (1 every 3 months)
- A7032 Nasal Cushions (2 a month)
- A7033 Nasal Pillows (2 a month)
- A7036 Chin Strap (1 every 6 months)
- A7038 Disposable Filters (2 a month)
- A7039 Pollen Filters (1 every 6 months)

Specific Mask Type/Size: _____

Address: _____ City/State: _____

NPI#: _____ Physician Fax: _____

Physicians Name: _____ Physician Signature: _____ Date: _____