

Sleep Disorders Center, 789 Central Ave, Dover, NH 03820

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Homecare Provider

- ☐ Reliable Respiratory
- ☐ Cape Medical
- ☐ HomeCare Specialists
- ☐ Apria
- ☐ Lincare
- ☐ Keene Medical
- ☐ Regional HomeCare

Fax

781-987-8206
207-439-4793
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603-430-0016
866-726-9795
603-431-9080
207-221-1591

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Order Type: ☐ New PAP Setup ☐ Auto Titration ☐ Pressure Change ☐ Replacement Machine ☐ Supplies				
Diagnosis	CPAP (E0601)	BIPAP (E0470)	BiPAP ST/ ASV (E0471)	Other PAP DX required if AHI within 5-14
	☐ OSA (G4733) ☐ Failed CPAP due to high pressure intolerance and low tidal volumes.	☐ OSA (G64733) ☐ COPD (J449) ☐ Hypoventilation Syndrome (E662)	☐ Central Sleep Apnea (G4731) ☐ Complex Sleep Apnea (G4731) ☐ Hypoventilation Syndrome (E662) ☐ Hypertension (I10)	☐ HTN (I10) ☐ EDS (G4710) ☐ Insomnia (G4700) ☐ Ischemic Heart Disease (I259) ☐ Mood Disorder (F39) ☐ Other: _____
Choose Mode and Associated settings/pressures:				
☐ CPAP: _____ _____ cm/H2O pressure _____ EPR or C-Flex (1,2 or 3) _____/H2O Ramp _____/Minutes Ramp _____ cm/H2O After Ramp ☐ Auto CPAP: _____ _____ cm/H2O Pressure Range Between .5.0____ cm/H2O and ____20.0____ cm/H2O. (Therapist may change pressure settings to improve compliance) _____ EPR or C-Flex (1, 2, or 3) ☐ VPAP ST-A IVAPS: _____ /ml Tidal Volume _____ cm/H2O Min PS _____ EPAP cm/H2O _____ cm/H2O Max PS _____ Liters Target Va _____ seconds Ti Max _____ BPM Target Va _____ seconds Ti Min ☐ BiPAP S: _____ _____ /IPAP cm/H2O inhalation pressure _____ /EPAP cm/H2O exhalation pressure ☐ Auto BiPAP: _____ _____ IPAP cm/H2O Max inhalation pressure range _____ EPAP cm/H2O Min exhalation pressure range _____ /cm (pressure support) (3,4,5, 6) ☐ BiPAP ST: _____ _____ IPAP cm/H2O inhalation pressure _____ EPAP cm/H2O exhalation pressure _____ Backup Rate (BPM) ☐ Resmed ASV or Auto ASV _____ EPAP cm/H2O _____ EPAP Min cm/Hz _____ EPAP Max cm/Hz _____ PS Min cm/H2O _____ PS Max cm/H2O ☐ Supplemental Oxygen or Nocturnal Oxygen _____ (LPM) Liters Per Minute ☐ In-line w/PAP device ☐ SAO2 ≤ 88% x 5 minutes @ optimal PAP pressure ☐ Duration of Titration ≥ 2 hours ☒ Online Compliance Monitoring Length of Need ☒ Lifetime/99 years				
Mask Name _____ ☐ Full Face Mask ☐ Nasal Pillow Mask ☐ Nasal Mask ☐ Chin Strap Mask Size _____				
Supplies/Replacement frequency * 1 every 3 mo. ** 1 every 6 mo. *** 1 every mo. **** 2 every mo.				
☒ Humidifier – Heated (E0562) *** ☐ Full Face Cushion (A7031) ** ☐ Chin Strap (A7036) * ☐ Oral Mask (A7044) * ☐ Oral/Nasal Mask (A7027) **** ☐ Nasal Cushion (A7032) * ☒ Tubing (A7037) ** ☒ Humidifier Chamber (A7046) *** ☐ Oral/Nasal Cushion (A7028) * ☐ Nasal Pillow (A7033) * ☒ Tubing– Heated (A4604) ☒ Length of Need Lifetime/99 years * ☐ Nasal Mask (A7034) **** ☒ Filter– Disp. (A7038) * ☐ Full Face Mask (A7030) ** ☒ Headgear (A7035) ** ☒ Filter– Reusable (A7039) * ☐ Chin Strap				

Order includes all supplies and accessories necessary for the compliant use of the prescribed equipment x 99 years/lifetime.

Provider Name (Print)

Provider Signature* Date / Time

**Physician's signature certifies that the above represents physician's judgment of the patient's medical need for the equipment and supplies.*

Phone Number

Provider NPI #

Order Date

Wentworth-Douglass Hospital
SLEEP DISORDERS CENTER

POSITIVE AIRWAY PRESSURE SCRIPT

To be scanned into Nextgen in
Neuroscience Department

7120-22MR
Rev. 06/05/18