Smith's Drugs of Forest City
Home Medical Equipment
139 East Main Street
Forest City, NC 28043
(828) 245-4591 Fax: (828) 245-1793

PHYSICIAN ORDER: CPAP/BiPAP

Patient Name: _____ **DOB** _____
Address: _____ **Phone:** _____
_____

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(Physician or staff should complete length of need and diagnosis)

Date of Order: _____ **Length of Need:** _____
Diagnosis (List All): (1) _____ (2) _____ (3) _____

- Is the Apnea-Hypopnea Index (AHI) Equal or Greater than 15 Events per Hour? ☐ Yes ☐ No
- Is the AHI from 5 to 14 events per hours with any documented symptoms below? ☐ Yes ☐ No
- Please check any below that apply:

❑ Excessive Daytime Sleepiness ❑ Impaired Cognition ❑ Mood Disorders ❑ Insomnia

* * * OR * * *

❑ Hypertension ❑ Ischemic Heart Disease ❑ History of Stroke

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TYPE OF THERAPY ORDERED:

❑ Continuous Positive Airway Pressure (CPAP) Pressure Setting: _____cmH_2O
❑ Bi Level Positive Airway Pressure (BiPAP) Pressure Setting: IPAP: ____ cmH_2O EPAP: ___ cmH_2O
❑ Does patient require a heated humidifier? (Reduces drying & upper airway resistance) ❑ Yes ❑ No

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ACCESSORIES:

QTY: __❑ A7033 ~ Nasal Pillow Interface (2 per mth)
QTY: __❑ A7027 ~ Oral/Nasal Mask Shell (1 per 6 mths)
QTY: __❑ A7030 ~ Full Face Mask Shell (1 per 3 mths)
QTY: __❑ A7029 ~ Nasal Pillows (Liberty) (1 per 3 mths)
QTY: __❑ A7037 ~ Tubing (plain) (1 per 3 mths)
QTY: __❑ A7035 ~ Headgear (1 per 6 mths)
QTY: __❑ A7039 ~ Non-Disposable Filter (1 per 6 mths)
QTY: __❑ A7046 ~ Water Chamber (1 per 6mths)
QTY: __❑ A7034 ~ Nasal/Pillow Mask Shell (1 per 3mths)
QTY: __❑ A7028 ~ Oral Interface (Liberty) (1 per 3 mths)
QTY: __❑ A7031 ~ Full Face Mask Interface (1 per mth)
QTY: __❑ A7032 ~ Nasal Mask Interface (1 per mth)
QTY: __❑ A4604 ~ Tubing w/ Heat Element (1 per 3 mths)
QTY: __❑ A7036 ~ Chinstrap (1 per 6 mths)
QTY: __❑ A7038 ~ Disposable Filter (2 per mth)

Number of Refills Authorized: _____

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Physician: _____ **Provider:** Smith's Drugs Home Medical
Address: _____ **Address:** 139 East Main Street
_____ Forest City, NC 28043
Phone: _____ **Phone:** 828-245-4591
NPI: _____ **Fax:** 828-245-1793

Physician Signature: _____ Date: _____