



**Citizens Pharmacy**  
Flowerly Branch, Georgia

**DETAILED WRITTEN ORDER – CPAP & BIPAP**

Date of Order: \_\_\_\_\_

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

Date of face to face evaluation: \_\_\_\_\_ Length of Need (99 = lifetime): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**PLEASE ATTACH PATIENT DEMOGRAPHIC, MOST RECENT CHART NOTES & COPY OF INSURANCE INFORMATION**

**Please check the appropriate box beside each piece of equipment ordered:**

**DURABLE MEDICAL EQUIPMENT**

- |  |  |
|--|--|
| <input type="checkbox"/> E0601 CPAP Device @ _____ CM H <sub>2</sub> O<br><input type="checkbox"/> E0470 BIPAP Device without back up rate feature @ _____ CM H <sub>2</sub> O<br><input type="checkbox"/> E0471 BIPAP Device with back up rate feature @ _____ CM H <sub>2</sub> O<br><input type="checkbox"/> E0561 Humidifier, non-heated<br><input type="checkbox"/> E0562 Humidifier, heater<br><input type="checkbox"/> A7030 Full face mask (1 per 3 months)<br><input type="checkbox"/> A7031 Replacement Interface for full face mask (1 per month)<br><input type="checkbox"/> A7032 Replacement cushion for nasal mask interface (2 per month)<br><input type="checkbox"/> A7033 Replacement pillows for nasal cannula (2 per month)<br><input type="checkbox"/> A7034 Nasal interface (1 per 3 months) | <input type="checkbox"/> A7035 Headgear (1 per 6 months)<br><input type="checkbox"/> A7036 Chinstrap (1 per 6 months)<br><input type="checkbox"/> A7037 Tubing (1 per 3 months)<br><input type="checkbox"/> A7038 Filter, disposable (2 per month)<br><input type="checkbox"/> A7039 Filter, non-disposable (1 per 6 months)<br><input type="checkbox"/> A7046 Water chamber for humidifier (1 per 6 months)<br><input type="checkbox"/> A4604 Tubing with integrated heating (1 per 3 months) |
|--|--|

**OTHER ITEMS**

Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the ordering physician, I attest to the evaluation, assessment, treatment, and follow-up in relation to both the patient and prescribed equipment above. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition.

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