



Phone: 706-266-4086 / Fax: 706-622-2394

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Prescription for CPAP/BiPAP

Date of Order: _____

Patient Demographics:

Name: _____ Sex: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Referring Physician Demographics:

Physician Name: _____ UPIN: _____ NPI: _____

CPAP/BiPAP Machine (specify brand/model if needed, ex: Respironics, Resmed, Fisher & Paykel, 3B, Human Designs)

_____ CPAP Machine (E0601) - Brand/Model: _____

Pressure Setting: _____ cmH2O

_____ Auto CPAP Machine (E0601) – Brand/Model: _____

Pressure Setting: Minimum: _____ cmH2O, Maximum: _____ cmH2O

_____ BiPAP/BiLevel Machine (E0470) – Brand/Model: _____

Pressure Setting: IPAP: _____ cmH2O, EPAP: _____ cmH2O

_____ Auto BiPAP/Auto BiLevel Machine (E0470) – Brand/Model: _____

Pressure Setting: Max IPAP: _____ cmH2O, Min EPAP: _____ cmH2O

Max PS: _____ cmH2O

_____ BiPAP/BiLevel with Backup Rate - RAD – Brand/Model: _____

Pressure Setting: IPAP: _____ cmH2O, EPAP: _____ cmH2O

Respiratory Rate: _____ BPM, Rise Time: _____, Inspiratory Time: _____ %

_____ Adaptive Servo Ventilation (ASV) – Brand/Model: _____

Pressure Setting: Min IPAP: _____ cmH2O, Max IPAP: _____ cmH2O

Min EPAP (EEP): _____ cmH2O, Max EPAP: _____ cmH2O

Pressure Support Min: _____ cmH2O, PS Max: _____ cmH2O

Backup Rate: _____ BPM or _____ Auto

CPAP/BiPAP Humidifier

_____ Passover (non heated) Humidifier (E0561)

_____ Heated Humidifier (E0562)

_____ Heated Humidifier with Heated Tube Option (E0562)

CPAP/BiPAP Supplies (specify model/size if needed, ex: Amara Gel Large)

Masks/Interfaces:

_____ Full Face Mask (A7030) – Model/Size: _____

_____ Nasal Mask (A7034) – Model/Size: _____

_____ Nasal Pillow Mask (A7034) – Model/Size: _____

_____ Oral Mask (A7044) – Model/Size: _____

_____ Hybrid (Oral/Nasal) Mask (A7027) – Model/Size: _____

Mask Accessories:

_____ Full Face Cushion (A7031) – Model/Size: _____

_____ Nasal Cushion (A7032) – Model/Size: _____

_____ Nasal Pillows (A7033) – Model/Size: _____

_____ Oral Cushion (A7028) – Model/Size: _____

_____ Nasal Pillows for Hybrid Mask (A7029) – Model/Size: _____

Other Accessories:

_____ Headgear (A7035) – Model/Size: _____

_____ Standard Tubing (A7037): _____ 6 Foot, _____ 8 Foot, _____ 10 Foot

_____ Heated Tubing (A4604) – Specify Machine Model: _____

_____ Chin Strap (A7036) – Model/Size: _____

_____ Filter – Disposable (A7038) – Specify Machine Model: _____

_____ Filter – Reusable (A7039) – Specify Machine Model: _____

_____ Water Chamber Replacement (A7046) – Specify Machine Model: _____

Other Items/Comments: _____

Diagnosis Code(s): _____

Physician Signature: _____ Date: _____