



ONE SOURCE MEDICAL SOLUTIONS, INC.

ONE COMPANY. MULTIPLE SOLUTIONS.™

NPI NO. 1144311531

DURABLE MEDICAL EQUIPMENT PRESCRIPTION/ORDER

Patient's First Name

Last Name

Street Address

City, State, Zip

Patient's HIC No.

Fully Describe Equipment Required:

Dispense CPAP system (E0601) with Humidifier (E0562); Nasal Mask Headgear (A7035); Nasal Pillow (A7003); Mask Frame (A7034); Water Chamber (A7046); Climate Line Tubing (A4604) and disposable filters (A7038)

Pressure Setting: _____ CMH₂o Ramp Time (0-45minutes): _____ minutes

Starting Ramp Pressure: _____ CMH₂o Pressure Relief (Max=3): _____

Patient's Diagnosis/ICD-10

Physician's Signature

Signature Date

Print Physician's Name

NPI

Physician's Address

City, State, Zip

1555 W. MOCKINGBIRD LANE, STE. 210 ♦ DALLAS, TX 75235 ♦ TEL: (214) 421-7000 ♦ FAX: (214) 421-7001

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