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RESPIRATORY EQUIPMENT ORDER FORM

Patient's Name

Patient's Phone

Patient's Address

Copy of demographic information attached

Copy of insurance information attached

Dispensing Order - OXYGEN

Diagnosis: _____ ICD-9: _____	Length of Need: 1-99, 99 = lifetime _____
Liter Flow: _____ LPM continuous (or _____ hours/day) via nasal cannula (or _____ Mask _____ w/CPAP /BiPAP)	
O2 Saturation: _____ % at rest on room air in stable condition (or _____ Sleeping _____ Exertion)	
Date of Test: ____/____/____ Performed by: _____	

Dispensing Order - CPAP/BIPAP - Sleep Apnea

Diagnosis: _____ ICD-9: _____	Length of Need: 1-99, 99 = lifetime _____
_____ CPAP _____ cmH20	
Supplemental Settings: _____ "Flex" _____ ; _____ "Ramp" _____	
_____ BiPAP: IPAP _____ EPAP _____	
_____ Heated Humidifier	
_____ Fit for mask/headgear _____ Dispense specific mask _____	
Sleep Study Results: Diagnostic AHI _____ Titration AHI _____ (Sleep study results _____ attached _____ Available at: _____)	

Dispensing Order - NEBULIZER

Diagnosis: _____ ICD-9: _____	Length of Need: 1-99, 99 = lifetime _____
Frequency: _____ BID _____ TID _____ QID _____ Q4H _____ Other _____	
Medication: _____ (Medication Provided by Local Pharmacy or Mail Order Pharmacy)	

Physician: _____ NPI _____

Physician Signature X: _____ Phone: _____

Physician Address: _____