



RESPIRATORY DEPARTMENT 8452 118<sup>TH</sup> AVE N., LARGO, FLORIDA 33773  
(727) 394-6575 • (800) 940-5151 • FAX (727) 394-6540 or 800-676-3127

### CPAP/BIPAP ORDER FORM

Patient Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Insurance \_\_\_\_\_ Authorization # \_\_\_\_\_

Subscriber Name \_\_\_\_\_ Subscriber SS# \_\_\_\_\_

Ordering Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Diagnosis \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Settings: CPAP \_\_\_\_\_ Cflex \_\_\_\_\_ EPR \_\_\_\_\_ Auto-Titrating Device \_\_\_\_\_

BiPAP S or ST IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ RR \_\_\_\_\_ Auto-BIPAP \_\_\_\_\_

Ramp Setting \_\_\_\_\_ Oxygen Setting \_\_\_\_\_

Download: Week  Month

Mask: Type: \_\_\_\_\_ Size: \_\_\_\_\_

Nasal Pillows: Type: \_\_\_\_\_ Size: \_\_\_\_\_

Other: \_\_\_\_\_

Heated Humidifier  Cool Humidifier  Chin strap standard  Chin strap deluxe

CPAP/BIPAP Equipment Brand (if preferred) \_\_\_\_\_

### COPY OF SLEEP STUDY REQUIRED.

Sleep Study attached  Yes  No

Comments: \_\_\_\_\_

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