



Phone: (916) 844-7800
Fax: (916) 436-9054

PRESCRIPTION FOR DURABLE MEDICAL EQUIPMENT

9700 Fair Oaks Blvd. Suite A, Fair Oaks, CA 95628 www.impaktmedical.com

Patient Name:
Date of Birth:

Patient I.D. #:
Insurance:

EQUIPMENT:

☐	E0601 NU CPAP Unit @ _____ cmH ₂ O
☐	E0601 NU CPAP Unit @ _____ cmH ₂ O Flex/EPR @ _____
☐	E0601 NU Auto CPAP Unit @ _____ to _____ cmH ₂ O
☐	E0470 NU Bi-Level Unit @ IPAP _____ EPAP _____ Flex/EPR @ _____
☐	E0470 NU Bi-Level Auto Unit @ Max IPAP _____ Min EPAP _____ Pressure Support _____ Flex/EPR _____
☐	E0471 NU Bipap ST Unit @ Ipap _____ Epap _____ BR _____
☐	E0471 NU Bipap ASV Unit @ Max Ipap _____ Min Epap _____ Max Epap _____ Min PS _____ Max _____
☐	E0562 NU Heated CPAP Humidifier
☐	A7046 NU Replacement Water Chamber (Semi-Annually)

Other cmH₂O Settings: _____

MASKS:

☐	A7034 NU Nasal Application Device (quarterly)
☐	A7032 NU Seals/Cushions/Flaps (bi-weekly)
☐	A7030 NU Full Face Mask (quarterly)
☐	A7031 NU Face Mask Cushion/Flap (monthly)
☐	A7034 NU Nasal Application Device (quarterly)
☐	A7033 NU Nasal Pillows (bi-weekly)
☐	A7027 NU Mask (quarterly)
☐	A7028 NU Cushions (bi-weekly)
☐	A7029 NU Nasal Pillows (bi-weekly)
☐	A7044 NU Oral Interface (quarterly)
☐	A7031 NU Face Mask Cushion/Flap (monthly)

ACCESSORIES:

☐	A7035 NU Headgear (semi-annually)
☐	A7036 NU Chin Strap (semi-annually)
☐	A7038 NU Filters-Disposable (bi-weekly)
☐	A7039 NU Filters-non-Disposable (bi-weekly)
☒	A9279 NU Data Card
☐	E1399 NU Misc. Equipment (wireless modem)

TUBING:

☐	A7037 NU Tubing (monthly)
☐	A4604 NU Heated Tubing (quarterly)

PHYSICIAN INFORMATION

Doctor Name:

NPI:

Phone:

Address:

Fax:

PLEASE COMPLETE STEPS 1-4 BELOW

1) START DATE: _____

2) Please mark at least one appropriate diagnosis:

☐	Obstructive Sleep Apnea (ICD10 G47.33)	☐	Hypersomnia w/Sleep Apnea (ICD10 G47.30)
☐	Primary Central Sleep Apnea (ICD10 G47.31)	☐	Central /Complex Sleep Apnea (ICD10 G47.37)
☐	COPD (ICD10 J44.9)	☐	Other _____

3) Length of Need: 99-Lifetime

Unless otherwise specified: _____

4) Physician Signature: _____

Date: _____