IMPAKT MEDICAL

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PRESCRIPTION FOR DURABLE MEDICAL EQUIPMENT

Patient Name: _____ **Patient I.D. #:** _____

Date of Birth: _____ **Insurance:** _____

EQUIPMENT:

- ☐ E0601 NU CPAP Unit @ _____ cmH_2O
- ☐ E0601 NU CPAP Unit @ _____ cmH_2O Flex/EPR @ _____
- ☐ E0601 NU Auto CPAP Unit @ _____ to _____ cmH_2O

- ☐ 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

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- ☐ E0562 NU Heated CPAP Humidifier
- ☐ A7046 NU Replacement Water Chamber (Semi-Annually)

Other cmH_2O 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)
- ☐ Primary Central Sleep Apnea (ICD10 G47.31)
- ☐ COPD (ICD10 J44.9)
- ☐ Hypersomnia w/Sleep Apnea (ICD10 G47.30)
- ☐ Central /Complex Sleep Apnea (ICD10 G47.37)
- ☐ Other _____

3) Length of Need: 99-Lifetime

Unless otherwise specified:_____

4) Physician Signature:_____ **Date**: _____