CPAP/BI-LEVEL ORDER

Patient Name: _____ **DOB:** _____

Address: _____ **Phone #:** _____

Insurance ID #: _____

Check all that apply:

DEVICE

- □ E0601 CPAP: _____ cm H_2O
- □ E0601 Autotitration CPAP: _____ cm to _____ cm C-Flex: _____ EPR: _____
- □ E0471 Bi-Level: _____ I / _____ E cm H_2O Backup Rate: _____ Other: _____
- □ E0471 ASV Autotitration: EPAP Range: _____ PS Range: _____ Max: _____ Rate: _____
- □ E0562 Heated Humidifer: Setting _____

SUPPLIES

- □ A7030 Full Face Mask QTY: _____
- □ A7034 Nasal Mask QTY: _____
- □ A7035 Headgear QTY: _____
- □ A7036 Chinstrap QTY: _____
- □ A7037 Tubing QTY: _____
- □ A4604 Heated Tubing QTY: _____
- □ Other:

- □ A7038 Disposable Filter QTY: _____
- □ A7039 Non-Disposable Filter QTY: _____
- □ A7031 Replacement Facemask QTY: _____
- □ A7032 Replacement Nasal Cushion QTY: _____
- □ A7033 Reeplacement Nasal Pillows QTY: _____
- □ A7046 Replacement Heated Humidifer Chamber QTY: _____

DIAGNOSIS/ICD-10 CODE(S): _____

Prescriber Name: _____ **NPI:** _____

Office Address: _____ **Phone #:** _____

Prescriber Signature: _____ **Date:** _____

INLAND
DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLY

1426 W. 6th St Suite 108 Corona, CA 92882
Ph: (951) 278 - 1222 Fax: (951) 278 - 9229
InlandDME@gmail.com