

UK DME Respiratory Order Form

740 S Limestone, K126 Lexington, KY 40536

PATIENT INFORMATION

Order Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone #: _____

DURABLE MEDICAL EQUIPMENT Order

Diagnosis: _____ Length of Need _____

- ☐ G47.33 Obstructive Sleep Apnea (OSA)
☐ G47.31 Central Sleep Apnea (CSA) ☐ Other

- ☐ New Patient ☐ Pressure Adjustment ☐ Equipment Upgrade ☐ CPAP Replacement Device
☐ E0601 CPAP: Pressure _____ Ramp _____ minutes ☐ Flex
☐ E0470 BIPAP: IPAP _____ EPAP _____ ☐ Flex
☐ E0562 Heated Humidifier ☐ A9279 Monitoring Feature

DURABLE MEDICAL EQUIPMENT Supply Order

- | | |
|--|--|
| <input type="checkbox"/> A7034 Nasal Mask (1 per 3 Months) | <input type="checkbox"/> A7030 Full Face Mask (1 per 3 Months) |
| <input type="checkbox"/> A7035 Headgear (1 per 6 Months) | <input type="checkbox"/> A7031 Full Face Cushion (1per Month) |
| <input type="checkbox"/> A7033 Nasal Pillows (2 per 3 Months) | <input type="checkbox"/> A7035 Headgear (1per 6 Months) |
| <input type="checkbox"/> A7032 Nasal Cushion (2 per 3 Months) | |
| <input type="checkbox"/> A6404 Heated Tubing (1 per Month) | <input type="checkbox"/> A7038 Disposable Filters (2 per Month) |
| <input type="checkbox"/> A7037 Non-heated Tubing (1 per Month) | <input type="checkbox"/> A7039 Non-disposable Filters (1 per 6 Months) |
| <input type="checkbox"/> A7036 Chin Strap (1 per 6 Months) | <input type="checkbox"/> A7046 Humidifier Chamber (1 per 6 Months) |

Other DME: _____

PRESCRIBING PROVIDER INFORMATION

Provider Name: _____

NPI: _____

Provider Signature: _____

Date: _____

Provider Phone #: _____

Fax #: _____

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