

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

- A7034 Nasal Mask (1 per 3 months)
- A7035 Headgear (1 per 6 months)
- A7033 Nasal Pillows (2 per month)
- A7032 Nasal Cushion (2 per month)
- A7037 Non-Heated Tubing (1 per 3 months)
- A7036 Chin Strap (1 per 6 months)
- A7028 Oral Combo Mask (2 per month)
- A7027 Combo Oral/Nasal Mask (1 per 3 months)
- A7029 Nasal Pillow Mask (2 per month)
- A7030 Full Face Mask (1per 3 months)
- A7031 Full Face Cushion (1 per month)
- A4604 Heated Tubing (1 per 3 months)
- A7038 Disposable Filters (2 per month)
- A7039 Non-Disposable Filters (1 per 6 months)
- 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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