

# 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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