



Detailed Written Order - Respiratory Assist Device

Patient Information

Name:
DOB:
Height: Weight:

Provider Information

Name: Bedard Pharmacy & Medical Supplies
Address: 359 Minot Avenue, Auburn, ME 04210
Phone: 207.784.3700
Fax: 207.784.7992

Please attach Demographics/Face Sheet

Chart notes indicating medical necessity for equipment orders are REQUIRED

NEW REPLACEMENT ANNUAL REVIEW REVISION

Patient Diagnosis: OSA G47.33 Complex SA G47.31 Refills:

Secondary Diagnosis: Patient Face to Face Exam Date:

AHI: Epworth Score: Date of Sleep Study:

RESPIRATORY ASSIST DEVICE

- AUTO CPAP Pressure Range to Flex
(CPAP failure due to: Complex SA Pressure Intolerance Excessive Leak)
CPAP at cmH2O (E0601)
BI LEVEL (E0470) IPAP at cmH2O EPAP at cmH2O Flex
BI LEVEL ST (E0471) IPAP at cmH2O EPAP at cmH2O RR
AUTO TITRATE BIPAP (E0470) exp min cmH2O to inp max cmH2O
inspiratory - expiratory difference max
HEATED HUMIDIFIER (E0562)
NOCTURNAL OXYGEN LPM WITH RESPIRATORY ASSIST DEVICE
BI LEVEL ASV (E0471) min EPAP max EPAP
min PS max PS rate auto BPM
RAMP NONE 15 min or less set to pt reference

SUPPLIES

- Nasal Frame (A7034 - 1 per 3 months) Full Face Cushion (A7031 - 1 per month)
Nasal Pillows (A7033 - 2 per month) Full Face Frame (A7030 - 1 per 3 months)
Nasal Cushion (A7032 - 2 per month) Heated Tubing 6' (A4604 - 1 per 3 months)
Headgear (A7035 - 1 per 6 months) Chin Strap (A7036 - 1 per 6 months)
Tubing 6' 10' (A7037 - 1 per 3 months) Water Chamber (A7046 - 1 per 6 months)
Perm Filter (A7039 - 1 per 6 months) Modem (A9279 - Monthly Rental)
Disp Filters (A7038 - 2 per month)

I the undersigned, certify that the above prescribed equipment is medically necessary for this patient's well being. In my opinion, the equipment is both reasonable and necessary in reference to accepted standards of medical practice in treatment of this patient's condition and is not prescribed as convenience equipment.

Physician's Signature: Date:

Physican Name: Credentials NPI Number:

Address: Phone Number:

City, State, Zip: Fax Number: