

Standard Written Order (SWO)

Patient Information

Name:	DOB:	Gender:
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Diagnosis ***Indicate secondary diagnosis if AHI is less than 15***

<input type="checkbox"/> G47.33 OSA	<input type="checkbox"/> Excess Day. Sleepiness	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Insomnia	AHI: _____ /hr.
<input type="checkbox"/> G47.37 CSA	<input type="checkbox"/> Impaired Cognition	<input type="checkbox"/> Mood Disorder	<input type="checkbox"/> Hx of Stroke	Length of Need: 99 (99=Lifetime)

Equipment

Supplies

<input type="checkbox"/> CPAP (E0601) Pressure: _____ cmH2O <input type="checkbox"/> Ramp (Time): _____ <input type="checkbox"/> CFlex/EPR: _____ <input type="checkbox"/> Compliance Data <input type="checkbox"/> Auto CPAP (E0601) Min CPAP: _____ cmH2O Max CPAP: _____ cmH2O	<input checked="" type="checkbox"/> Heated Humidifier (E0562) <input type="checkbox"/> Standard Tubing (A7037) 1 per 3 months <input checked="" type="checkbox"/> Heated Tubing (A4604) 1 per 3 months <input checked="" type="checkbox"/> All Standard Equipment <ul style="list-style-type: none"> • Disposable Filter (A7038) 2 per month • Non-Disposable Filter (A7039) 1 per 3 months • CPAP Headgear (A7035) 1 per 3 months • Humidifier Chamber (A7046) 1 per 6 months • Chinstrap (A7036) 1 per 6 months
<input type="checkbox"/> BiPAP (E0470) Pressure: IPAP: _____ cmH2O EPAP: _____ cmH2O <input type="checkbox"/> Ramp (Time): _____ <input type="checkbox"/> CFlex/EPR: _____ <input type="checkbox"/> Compliance Data <input type="checkbox"/> Auto BiPAP (E0470) EPAP Min: _____ cmH2O PS: _____ cmH2O IPAP Max: _____ cmH2O	<input type="checkbox"/> Nasal Mask (A7034) 1 per 3 months <input type="checkbox"/> Nasal Cushion (A7032) 2 per month <input type="checkbox"/> Nasal Pillows Mask (A7034) 1 per 3 months <input type="checkbox"/> Nasal Pillows (A7033) 2 per month <input type="checkbox"/> Full Face Mask (A7030) 1 per 3 months <input type="checkbox"/> Full Face Cushion (A7031) 1 per month
<input type="checkbox"/> BiPAP ST (E0471) IPAP: _____ cmH2O EPAP: _____ cmH2O Backup Rate: _____ bpm	<input type="checkbox"/> Auto BiPAP ASV (E0471) EPAP Min: _____ cmH2O EPAP Max: _____ cmH2O Min PS: _____ cmH2O Max PS: _____ cmH2O
<input type="checkbox"/> Specific Mask Interface Model/Size: _____ <input type="checkbox"/> Other/Notes:	

Provider Information

Name:	NPI#:
Address:	
Phone:	Fax:

Signature: _____ **Date Signed:** _____