

Shields Home Medical



HOME MEDICAL EQUIPMENT & SUPPLIES
623 W. MAIN STREET WALNUT RIDGE, ARKANSAS 72476
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DME RESPIRATORY ORDER FORM

PATIENT NAME: _____ ORDER START DATE: _____

DOB: _____ HEIGHT: _____ WEIGHT: _____

LENGTH OF NEED: _____ (99=LIFETIME) PRIMARY CARE PHYSICIAN: _____

DIAGNOSIS: _____

PLEASE COMPLETE DEVICE ORDER:

___ E0601: CPAP @ ___
___ E0601: AUTO CPAP MIN @ ___ MAX @ ___
___ E0470: BiPAP @ IPAP ___ EPAP ___
___ E0470: AUTO BiPAP @ IPAP MAX ___ EPAP MIN ___ (OPTIONAL PRESSURE SUPPORT ___)
___ E0471: BiPAP ST @ IPAP MAX ___ EPAP ___ BACKUP RATE ___
___ E0471: AUTO BiPAP SV @ MAX PRESSURE ___ EPAP MIN ___ EPAP MAX ___
PRESSURE SUPPORT MIN ___ PRESSURE SUPPORT MAX ___ BPM ___
___ E0471: BiPAP ASV @ EPAP MIN ___ EPAP MAX ___ PRESSURE SUPPORT MIN ___
PRESSURE SUPPORT MAX

PLEASE CHECK ALL SUPPLIES ORDERED:

___ A7030: FULL-FACE MASK (1 PER 3 MONTHS)	___ E0562: HEATED HUMIDIFIER
___ A7031: FULL-FACE CUSHION (1 PER MONTH)	___ A7035: HEADGEAR (1 PER 6 MONTHS)
___ A7034: NASAL MASK (1 PER 3 MONTHS)	___ A7037: TUBING (1 PER 3 MONTHS)
___ A7032: NASAL CUSHION (2 PER MONTH)	___ A4604: HEATED TUBING (1 PER 3 MONTHS)
___ A7036: CHIN STRAP (1 PER 6 MONTHS)	___ A7039: FILTERS (NON-DISPOSABLE)
___ A7034: NASAL MASK (1 PER 3 MONTHS)	___ A7038: FILTERS (DISPOSABLE/ 2 PER MTH)
___ A7033: NASAL PILLOW (2 PER MONTH)	___ A7046: HUMIDIFIER WATER CHAMBER REPLACEMENT (1 PER 6 MONTHS)
___ A7036: CHIN STRAP (1 PER 6 MONTHS)	

ORDERING PHYSICIAN'S NAME: _____

ORDERING PHYSICIAN'S SIGNATURE: _____ DATE: _____

NPI: _____