



Own Sleep Medicine

P: 833-777-1069 | F: 833-777-2969

www.ownsleepmed.com

**Durable Medical Equipment Order
For Positive Airway Pressure (PAP) Treatment**

Patient Demographics			
Patient Name:		Date of Birth:	
Ordering Provider:		Ordering Provider NPI:	
ICD10:	G47.33	Diagnosis:	Obstructive Sleep Apnea

ORDER

- AutoCPAP Therapy (E0601)
- Heated Humidifier (E0562)
- Length of Need: 99 years (lifetime)

Pressure Ranges: AutoPAP Min = 5cm H2O AutoPAP Max = 20cm H2O A-Flex = 3/3 with Opti-Start
 AutoPAP MIN = may be adjusted as per patient comfort / air hunger
 AutoPAP MAX = may be adjusted as per patient comfort / aerophagia

Patient Interface: Initially fit and trial Philips or Fisher+Paykel interface Other: Patient Preference

Data Access: Set-up with DreamMapper Encore SD Card Modem

Compliance: Download: 30 Days Download: 90 Days Download Other: _____

Accessories: A7030 – Full Face Mask (1 X 3 months) A7031 – Full Face Mask Cushion (1 X 1 month)
 A7032 – Nasal Cushion (1 X 1 month) A7033 – Nasal Cushion (1 X 1 month)
 A7034 – Nasal Mask (1 X 3 months) A7035 – Headgear (1 X 6 months)
 A7036 – Chin Strap (1 X 6 months) A7037 – Tubing (1 X 3 months)
 A7038 – Disposable Filter (1 X 6 months) A7039 – Non-Disposable Filter (1 X 3 months)
 A7046 – Water Chamber (1 X 6 months) Other: _____
 98960 – Education and Training for Patient Self-Management with Sleep Coach

ORDERING PHYSICIAN | DISPENSE AS WRITTEN | DO NOT SUBSTITUTE:

Ordering Physician Signature

NPI

Order Physician Printed Name

Today's Date

Please fax completed order to: 833-777-2969