Americare™
Respiratory Services

PHYSICIAN ORDER

Physician Name _____ NPI _____

Address _____ City _____ PECOS ☐ YES ☐ NO

State _____ Zip _____ Telephone _____ Fax _____

Patient Name _____ DOB _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Cell Phone _____ ☐ Male ☐ Female

PAP SUPPLIES

PAP MACHINE

QTY	CODE	ITEM	FREQ	CODE	PAP MACHINE	PRESSURE INDICATES MACHINE SELECTED (cmH_2O)
1	A4604	Heated Tubing	3 mos	E0601	CPAP	_____
2	A7032	Nasal Cushion	1 mo	E0601	AUTO CPAP	_____
2	A7033	Nasal Pillow/ Seals	1 mo	E0470	BIPAP	IPAP _____
1	A7034	Nasal Application Device	3 mos			EPAP _____
1	A7035	Headgear	3 mos	E0470	AUTO BIPAP	IPAP_____ EPAP_____
1	A7036	Chinstrap	3 mos			PS _____
1	A7037	Tubing	1 mo			
2	A7038	Disposable Filters	1 mo			
1	A7039	Non-Disposable Filters	3 mos			
1	A7030	Full Face Mask	3 mos			
1	A7031	Face Mask Interface	1 mo			
1	A7046	Humidifier Chamber	6 mos			
	E0562	Heated Humidifier				

DIAGNOSIS	Obstructive Sleep Apnea (327.23)	Excessive Daytime Sleepiness (780.59)

LENGTH OF NEED 99 MONTHS (LIFETIME)

PHYSICIAN NAME PRINTED _____ **DATE OF ORDER** _____

PHYSICIAN SIGNATURE _____ **START DATE** _____
(If different from date of order)

RETURN FAX (888) 373-1117

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