

ORDER FOR DURABLE MEDICAL EQUIPMENT

Patient: _____ DOB: _____

DIAGNOSIS: g47.33 Obstructive Sleep Apnea: X

APAP: _____ CPAP: _____

BPAP: BPAP-IPAP: _____ BPAP-EPAP: _____

SETTINGS: _____ HUMIDIFIER: X

CPAP MASK/INTERFACE, Patient Preference: X

ALL RELATED SUPPLIES: X

Replacement on the following:

Full Face Mask (A7030)	Headgear (A7035)	Oral Interface (A7044)
Full Face Cushion (A7031)	Chinstrap (A7036)	HumidifierChamber(A7046)
Nasal Mask (A7034)	Tubing (A7037)	Filters (A7039)
Mask Cushion (A7032)	Disposable Filters (A7038)	
Nasal Pillows (A7033)	Heated Humidifier tubing (A4604)	

The named patient was diagnosed as indicated. Treatment and supplies for this condition is considered mandatory rather than elective for a long term to lifetime duration (99 months).

Provider signature: _____ Date: _____

Provider Name(print): _____

Address: _____

Phone: _____ Fax: _____

Supplier: CARDINAL SLEEP LLC
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