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SLEEPQUEST, INC.
 975 Industrial Road, Suite E
 San Carlos, CA 97070

Physician Order

PATIENT INFORMATION		
Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		
Phone:	Email:	

DIAGNOSIS		
<input type="checkbox"/> Obstructive Sleep Apnea (ICD-10: G47.33)	<input type="checkbox"/> Central Sleep Apnea (ICD-10: G47.31)	<input type="checkbox"/> Other:

CHOOSE PAP TYPE		<i>Length of Need: 99</i>
<input type="checkbox"/> CPAP or Auto-PAP (E0601) <input type="checkbox"/> BiLevel or BiLevel Auto (E0470) <input type="checkbox"/> BiLevel w/ Backup Rate or ASV (E0471)	<i>Pressure Settings (if E0601, 4-20cmH2O will be used if blank):</i>	<i>Manufacturer Preference:</i> <input type="checkbox"/> ResMed <input type="checkbox"/> Philips Respironics
CHOOSE HUMIDIFIER: <input type="checkbox"/> Heated Humidifier (E0562)		

ALTERNATE THERAPIES	
<input type="checkbox"/> Provent Sleep Apnea Therapy	
<input type="checkbox"/> NightBalance Positional OSA Therapy	

MASK & PAP SUPPLIES			<i>Requested Mask Type, Model and/or Size:</i>
Nasal Mask (A7034) - 1 every 3 months Nasal Cushion (A7032) - 2 per month OR Nasal Pillows (A7033) - 2 per month Headgear (A7035) - 1 every 6 months	Full Face Mask (A7030) - 1 every 3 months Full Face Cushion (A7031) - 1 per month Headgear (A7035) - 1 every 6 months	Combo Mask (A7027) - 1 every 3 months Combo Cushion (A7028) - 2 per month Combo Pillows (A7029) - 2 per month Headgear (A7035) - 1 every 6 months	
TUBING:	Heated Tubing (A4604) - 1 every 3 months	Non-Heated Tubing (A7037) - 1 every 3 months	
FILTERS:	Disposable Filter (A7038) - 2 per month	Non-Disposable Filter (A7039) - 1 every 6 months	
OTHER:	Humidifier Chamber (A7046) - 1 every 6 months	Chinstrap (A7036) - 1 every 6 months	

PHYSICIAN INFORMATION	
Physician Name:	NPI:
Physician Address:	
Physician Phone:	Physician Fax:
PHYSICIAN SIGNATURE:	DATE:

Fax to:
866-721-8481

OR

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