



# Physician's Order for BIPAP

Depot Drug

P.O. Box 161020, Salt Lake City, UT 84116 • (800) 877-0618

**Fax Completed Form to (801) 595-2051**

Please Note:

- If you are prescribing CPAP/APAP/BiPAP for this member, current medical policy requires him or her to obtain this device through Depot Drug mail order pharmacy.
- Contact Depot Drug at (801) 595-4351 with any questions or concerns.

## 1 PATIENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Email Address: \_\_\_\_\_

## 2 ORDERING PHYSICIAN

NPI: \_\_\_\_\_ (REQUIRED)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) - \_\_\_\_\_ Fax: (\_\_\_\_) - \_\_\_\_\_

## 3 PRESCRIPTION

Recommended CPAP Prescription:

Machine: ResMed Aircurve 10 VAUTO  
Wireless monitoring technology

Settings: IPAP: 25 EPAP: 5 PS: 4 cm H<sub>2</sub>O

\_\_\_\_\_ cm H<sub>2</sub>O

Mask:  Best fit per patient needs

Length of Need: Lifetime

Other: \_\_\_\_\_

## 4 DIAGNOSIS (MUST BE CHECKED)

**G47.33:** Obstructive Sleep Apnea  **Other ICD-10:** \_\_\_\_ . \_\_\_\_ Description: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_