

Physician's Order for BIPAP

The Complete Sleep Program

P.O. Box 161020, Salt Lake City, UT 84116 • (833) 878-2727

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 The Complete Sleep Program.
- Contact The Complete Sleep Program at (833) 878-2727 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 H₂O

_____ cm H₂O

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: ____/____/____



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