

# PHYSICIAN INFORMATION



NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
UPIN: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## PATIENT INFORMATION

NAME \_\_\_\_\_ D.O.B \_\_\_\_\_ S.S # \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE# : \_\_\_\_\_

## INSURANCE

MEDICARE HIC # \_\_\_\_\_ GROUP # \_\_\_\_\_  
PRIVATE INSURANCE \_\_\_\_\_ MEMBER # \_\_\_\_\_

## DIAGNOSIS

\_\_\_\_ SLEEP APNEA 780.53 \_\_\_\_ COPD 496. \_\_\_\_ CHF 428. \_\_\_\_ LUNG CA. 162.9  
\_\_\_\_ EXCESSIVE DAYTIME SLEEPINES \_\_\_\_ HYPERTENSION 401.9, \_\_\_\_ ALS 335.20

OTHER DX: \_\_\_\_\_ PROGNOSIS: \_\_\_\_\_ LENGTH OF NEED ( I.E 99 ) \_\_\_\_\_

## OXYGEN THERAPY

HOME O2 AT \_\_\_\_\_ LPM \_\_\_\_\_ CONT \_\_\_\_\_ PRN  
\_\_\_\_\_ W/ EXERCISE \_\_\_\_\_ WHILE SLEEPING

TEST RESULTS: DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PO2 \_\_\_\_ or % SAT \_\_\_\_\_ ON ROOM AIR

TESTING DONE: @ \_\_\_\_\_ REST \_\_\_\_\_ EXCERISE \_\_\_\_\_ SLEEP  
\_\_\_\_\_ NOCTURNAL DESATURATION STUDY \_\_\_\_\_ on \_\_\_\_\_ lpm

## OXYGEN SYSTEM

\_\_\_\_ HOMEFIL O2 SYSTEM \_\_\_\_\_ PORTABLE CONCENTRATOR  
( ECLIPSE, INOGEN, FREE STYLE )  
\_\_\_\_\_ STD. CONCENTRATOR & PORTABLE TANKS

## CPAP / BILEVEL THERAPY

### DEVICE PRODUCT

\_\_\_\_ CPAP  
\_\_\_\_ AUTO CPAP  
\_\_\_\_ BILEVEL  
\_\_\_\_ ADAPT SV  
PRESSURE: \_\_\_\_\_  
AUTO PRESSURE  
BILEVEL PRESSURE: \_\_\_\_\_

## CPAP INTERFACES AND SUPPLIES

MASK : \_\_\_\_\_  
SIZE: \_\_\_\_\_  
\_\_\_\_ HEADGEAR  
\_\_\_\_ TUBING  
\_\_\_\_ CHINSTRAP  
\_\_\_\_ HUMIDIFIER \_\_\_\_\_ HEATED  
\_\_\_\_ DISPOSABLE FILTERS  
\_\_\_\_ NON DISPOSALBE FILTERS

PHYSICAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
STATE LIC. # \_\_\_\_\_ NPI # \_\_\_\_\_ UPIN # \_\_\_\_\_