



Sonora Oxygen & Medical Supply
 220 W. Stockton St. Suite B
 Sonora, CA 95370
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CPAP/BIPAP Order

Provider Name: _____ Address: _____ City, State, Zip: _____ Phone & Fax Number: _____ NPI Number: _____ Provider Signature & Date: _____	Patient Name: _____ DOB: _____ Order Start Date: _____ Primary Diagnosis (ICD10): _____ Secondary Diagnosis (ICD10): _____ (Secondary required for AHI between 5-14) Estimated Length of need (99= Lifetime) ☐ Other _____ ☐ (Lifetime) Common DX codes: OSA – G47.33, HYPERTENSION – I15.9, HYPERSOMNIA – G47.10, ISCHEMIC HEART DISEASE – I25.9, INSOMNIA – G47.00
CPAP / BiPAP: (Sleep Study on File Required) Please make selection: ☐ CPAP: _____ Cm H2O (E0601) ☐ CPAP Auto: (E0601) Cm H2O: Min _____ Max _____ ☐ BiPAP: (E0470) _____ IPAP CmH2O _____ EPAP CmH2O ☐ BiPAP Auto: (E0470) _____ IPAP CmH2O _____ EPAP CmH2O Please select all that apply: ☐ Heated Humidifier (E0562) W/ Tubing of choice ☐ Oxygen Bleed in at _____ LPM	☐ Patient Preference Mask & All Potential Supplies: Full Face Mask, A7030, (1 x 3mo) QTY 4 Nasal Mask, A7034, (1x 3mo) QTY 4 Nasal Cushion, A7032 (2 x1mo) QTY 24 Nasal Pillows, A7033 (2x 1mo) QTY 24 Full Face Cushion (A7031) (1 x1mo) QTY 12 Chinstrap, A7036 (1x 6mo) QTY 2 Headgear, A7035 (1 x 6mo) QTY 2 Disposable Filters, A7038 (2 x 1mo) QTY 24 Non-Disposable Filters, A7039 (1 x 6mo) QTY 2 Humidifier Chamber, A7046 (1 x 6mo) QTY 2 Standard Tubing A7037 (1x 3mo) QTY 4 Heated Tubing A4604 (1x3mo) QTY 4 QTY/PER YEAR
<u>DOCUMENTATION REQUIREMENTS</u> <u>Please fax the following with ALL new orders</u> • Office notes prior to ordering a sleep study (evaluation of need for a sleep study) • Sleep Studies (both with and without cpap titration) • Completed Prescription	<i>Please Note:</i> Once all required documents are received, SOS will contact the patient for setup of their PAP device. Thank you for choosing AH Sonora Oxygen & Medical Supply.
<u>Updated: 4/16/2024</u>	