

Collin County CPAP/BILEVEL & SUPPLIES ORDER FORM

PATIENT DEMOGRAPHICS

Name: _____ DOB: _____ SSN: _____

Address: _____ City: _____ State/Zip: _____

Home Tel. Number: _____ Cell: _____ Work: _____

Insurance company name: _____ Policy #: _____

Email: _____

SLEEP THERAPY/ CONTINUOUS POSITIVE AIRWAY PRESSURE/ BILEVEL AND SUPPLIES

Please Circle Diagnosis: Obstructive Sleep Apnea (327.23) Central Sleep Apnea (327.21)

Please Circle if Lifetime: Duration/ Length of Use: 99 months (Lifetime use) Other: _____

CPAP Setting: _____ cm/h2o **APAP(Auto CPAP) Setting:** cm/h2o - _____ cm/h2o

Si-Level Setting: IPAP _____ cm/h2o over EPAP _____ cm/h2o **ASV Setting:** _____

Preferred Mask: _____

SUPPLIES: (Please check as needed)

- | | |
|--|---|
| <input type="radio"/> Nasal Mask [A7034] | <input type="radio"/> Prefabricated Oral Appliance [E0485] |
| <input type="radio"/> Nasal Mask Cushion(s) [A7032] | <input type="radio"/> Filter(s) — non-disposable [A7039] |
| <input type="radio"/> Nasal Mask Pillow(s) [A7033] | <input type="radio"/> Filter(s) — disposable [A7038] |
| <input type="radio"/> Full Face Mask [A7030] | <input type="radio"/> Heated Tubing [A4064] |
| <input type="radio"/> Full Face Mask Cushion(s) [A7031] | <input type="radio"/> Tubing [A7037] |
| <input type="radio"/> Hybrid Oral / Nasal Mask [A7027] | <input type="radio"/> Headgear [A7035] |
| <input type="radio"/> Hybrid Oral / Nasal Mask CUSHION(s) [A7028] | <input type="radio"/> Chin Strap [A7036] |
| <input type="radio"/> Hybrid Oral / Nasal Mask Pillow(s) [A7029] | |

PHYSICIAN STATEMENT, INFORMATION AND SIGNATURE

Physician Name: Dr.Oluyemi Aina Tel: 214.494.2131 Fax: 214.494.2316

Address: 3140 Legacy Dr. #710 Frisco TX. 75034

Physician Signature: _____ Date: _____

NPI: 1083700041 DEA:BA8475217