


Located in the Corporate 205 Building
 12901 SE 97TH Ave. # 150
 Clackamas, OR 97015
 Tel 503-652-0067 Fax 503-652-0068

Sleepwell

Partners
 Subsidiaries of  VASTRA

POSITIVE AIRWAY PRESSURE THERAPY PRESCRIPTION

Patient Information

Name:		
Street Address:		DOB:
City:	State:	Zip:
Home phone:	Work phone:	Mobile phone:
Diagnosis:	ICD-9:	Length of Need:

Home Therapy / Supply Prescription

<input type="checkbox"/> CPAP – continuous positive airway pressure	Pressure level _____ cm H ₂ O
<input type="checkbox"/> Bi-level Therapy	IPAP: _____ cm H ₂ O EPAP: _____ cm H ₂ O
<input type="checkbox"/> Bi-level Therapy w/ backup rate	IPAP: _____ cm H ₂ O EPAP: _____ cm H ₂ O Rate: _____ or Time Interval: _____
Humidifier: <input type="checkbox"/> Heated <input type="checkbox"/> None	
Mask type: <input type="checkbox"/> Nasal <input type="checkbox"/> Full face <input type="checkbox"/> Other (please specify)	
Replace supplies: <input type="checkbox"/> PRN <input type="checkbox"/> Upon new order	
Length of need: <input type="checkbox"/> Lifetime (99 years) <input type="checkbox"/> Other (please specify)	
Comments: _____	

Prescribing Provider Information

Provider Name:	UPIN:
Clinic Name:	Specialty:
Street Address:	Suite:
City, State, Zip:	
Phone:	Fax:

Provider Signature: _____ Today's Date: _____