

Located in the Ashmead Building
 9600 SW Oak Street, Suite 350
 Tigard, OR 97223
 Tel 503-293-8910 Fax 503-245-4567

Sleepwell

Partners
 Subsidiaries of 

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: _____