



Step 1: Complete the box below corresponding to your desired equipment:

<p style="text-align: center;">CPAP</p> <p>Pressure: _____ cm H2O</p>	OR	<p style="text-align: center;">Auto CPAP</p> <p>Min: _____ cm H2O Max: _____ cm H2O</p>	OR	<p style="text-align: center;">BiPAP</p> <p>IPAP: _____ cm H2O EPAP _____ cm H2O</p>
<p>OR</p> <p style="text-align: center;">Auto BiPAP</p> <p>IPAP (max): _____ EPAP (min): _____</p> <p>And, you will have either: Pressure Support: _____ *OR* Min PS: _____ Max PS: _____</p>				
<p>OR</p> <p style="text-align: center;">BiPAP ST</p> <p>IPAP: _____ EPAP: _____ Backup Rate: _____ bpm</p>				

Step 2: Check the boxes corresponding to additional equipment requested:

<p style="text-align: center;"><u>Nasal Mask</u></p> <p><input type="checkbox"/> Small</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Large</p>	<p style="font-size: 1.2em;">Interface/Mask:</p> <p>Select both mask style <u>and</u> size</p>	<p style="text-align: center;"><u>Full Face Mask</u></p> <p><input type="checkbox"/> Small</p> <p><input type="checkbox"/> Medium</p> <p><input type="checkbox"/> Large</p>
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Step 3: Fill out the following information in its entirety and fax to us- There is a 3pm EST. cut-off for next day delivery.

Patient Name: _____ Room #: _____

Facility Name: _____ Contact Name: _____

Contact Phone #: _____ Contact Email: _____

Shipping Address _____

Please Note: The box that corresponds with the requested ventilation mode must be filled out in its entirety. A single blank space will prohibit the setting of the machine, delay your order and require you to consult with the practitioner for complete settings.