



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

Respironics BiPAP Auto SV Advanced:

EPAPmin: _____ EPAPmax: _____ PSmin: _____ PSmax: _____ Max Pressure: _____
Rate: _____

OR

Resmed VPAP Adapt ASV

EPAP: _____ Min PS: _____ Max PS: _____

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

<u>Nasal Mask</u>	Interface/Mask:	<u>Full Face Mask</u>
<input type="checkbox"/> Small	Select both mask	<input type="checkbox"/> Small
<input type="checkbox"/> Medium	style <u>and</u> size	<input type="checkbox"/> Medium
<input type="checkbox"/> Large		<input type="checkbox"/> Large

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.