



Step 1: Complete the box below corresponding to your desired ventilation mode:

AVAPS- AE Mode:

Vt: _____ ml Respiratory Rate: _____ PS min: _____ PS max: _____ EPAP min: _____
 EPAP max: _____ AVAPS rate: _____ Max pressure: _____

OR

ST W/ AVAPS

Vt: _____ ml Respiratory Rate: _____ IPAP Min: _____ IPAP Max: _____ EPAP _____ Rise Time _____
 AVAPS Rate _____

OR

Assist Control:

Vt: _____ ml Respiratory Rate: _____ I-time: _____ Peep: _____

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

Humidification:

- Heated Humidifier
- No Humidifier Needed

Nasal Mask

- Small
- Medium
- Large

Interface/Mask:

Select both mask
style and size

Full Face Mask

- Small
- Medium
- 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.