



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: _____

The BiPAP V30 has a max pressure limit of 30cm H2O while the Trilogy100 has a max pressure limit of 50cm H2O

OR

ST W/ AVAPS

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

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

Humidification

Check box if heated humidification required:

Heated Humidifier

<input type="checkbox"/> Small Full Face	Interface/Mask	<input type="checkbox"/> Small Nasal
<input type="checkbox"/> Medium Full Face	<u>Choose one mask option:</u>	<input type="checkbox"/> Medium Nasal
<input type="checkbox"/> Large Full Face		<input type="checkbox"/> Large Nasal
Other _____		

Step 3: Fill out the following information in its entirety and fax to us- please call us to confirm receipt.

Patient Name: _____ Room #: _____

Facility Name: _____ Contact Name: _____

Contact Phone #: _____ Contact Email: _____

Address _____

M.D. / Provider Signature _____

Please Note: The box that corresponds with the requested ventilation mode must be filled out in its entirety. Blank spaces/missing settings will prohibit the setting of the machine, delay your order and require you to consult with the M.D. or practitioner for complete settings.