



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

While both units have AVAPS-AE available, the BiPAP V30 has a max pressure limit of 30cm H2O while the Trilogy100 has a max pressure limit of 50cm H2O

**AVAPS- AE Mode:**

Vt: \_\_\_\_\_ ml    Respiratory Rate: \_\_\_\_\_    PS min: \_\_\_\_\_    PS max: \_\_\_\_\_    EPAP min: \_\_\_\_\_  
 EPAP max: \_\_\_\_\_    AVAPS rate: (Circle One) **1 2 3 4 5**    Max pressure: \_\_\_\_\_    I-Time \_\_\_\_\_

**OR**

**ST W/ AVAPS**

Vt: \_\_\_\_\_ ml    Respiratory Rate: \_\_\_\_\_    IPAP Min: \_\_\_\_\_    IPAP Max: \_\_\_\_\_    EPAP \_\_\_\_\_    Rise Time \_\_\_\_\_  
 AVAPS Rate: (Circle One) **1 2 3 4 5**

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

**Humidification:**

Check box if heated humidification required:

Heated Humidifier

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 \_\_\_\_\_

M.D. / Provider Signature \_\_\_\_\_

**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.**