



**Maverick  
Oxygen &  
Respiratory  
Equipment, LLC**

# Pap Order Form

## Fax to 502-225-4772

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

### CPAP

Pressure: \_\_\_\_\_ cm H2O

OR

### Auto CPAP

Min: \_\_\_\_\_ cm H2O    Max: \_\_\_\_\_ cm H2O

OR

### BiPAP

IPAP: \_\_\_\_\_ cm H2O

EPAP: \_\_\_\_\_ cm H2O

OR

### Auto BiPAP

IPAP (max): \_\_\_\_\_    EPAP (min): \_\_\_\_\_

**And, you will have either:** Pressure Support: \_\_\_\_\_    **\*OR\***    Min PS: \_\_\_\_\_    Max PS: \_\_\_\_\_

OR

### BiPAP ST

IPAP: \_\_\_\_\_    EPAP: \_\_\_\_\_    Backup Rate: \_\_\_\_\_ bpm

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

#### 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.**