

Pap Order Form Fax to 502-225-4772

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

CPAP Pressure: cm H20		<u>OR</u>	NA!	Auto CPAP	OR	BiPAP
Press	sure:cm H20		IVIIn:cr	n H20 Max:cm H20		IPAP:cm H20 EPAPcm H20
				Auto BiPAP		
OR	IPAP (max): EPAP (min):					
	And, you will have	either: Pre	ssure Support	: * OR* Min PS:	Max P	PS:
OR				BiPAP ST		
	IPAP: EPAP: Backup Rate:bpm					
L						
Step 2	: Check the boxes c	orrespondin	ng to additiona	al equipment requested:		
Step 2	: Check the boxes c	orrespondin <u>Nasal N</u>		nterface/Mask	C: Full F	Face Mask
Step 2	: Check the boxes c		Mask		(: —	Face Mask Small
Step 2	: Check the boxes c	Nasal N	Mask	nterface/Mask	(;	
Step 2	: Check the boxes c	Nasal N	Mask II mall ledium	nterface/Mask	c:	Small
		Nasal N Sn M	Mask mall ledium arge	nterface/Mask	· -	Small Medium Large
Step 3	: Fill out the follow	Nasal N Sn M La	Mask mall ledium lege	Select both mask style and size	G Spm EST. cut	Small Medium Large
Step 3 Pat	: Fill out the follow	Nasal N Sn M La ing informat	Mask mall ledium lirge tion in its entir	Select both mask style and size rety and fax to us- There is a	3pm EST. cut	Small Medium Large -off for next day delivery.
Pat Fac	: Fill out the follow tient Name: _ cility Name: _	Nasal N Sn M La ing informat	Mask mall ledium arge	Select both mask style and size rety and fax to us- There is aRoom #: Contact Nan	a 3pm EST. cut	Small Medium Large -off for next day delivery.

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.

Form: MAVPAPORD2017