



**Maverick
Oxygen &
Respiratory
Equipment, LLC**

Airvo 2 Order Form

High Flow Humidification System

Fax to 502-225-4772

Step 1: Complete the box below corresponding to your options for the Airvo2:

Usage Hours-

- ☐ Daytime Only **OR**
- ☐ Nighttime Only **OR**
- ☐ Continuous Use **OR**
- ☐ Minimum number of hours _____

Interface-

- ☐ Trach Mask (for trach patients) **OR**
- ☐ Nasal Cannula Style

Temperature-

- ☐ 31 °C ° **OR** ☐ 34 °C
- ☐ ok to adjust for patient comfort
- OR** ☐ 37 °C (manufacturer recommended for trach patients)

Target Total Flow- (between 30-60 lpm)

- ☐ Target flow between 30-40 (L/min)
- OR** ☐ Specific flow (L/min) _____

FIO2- _____ % with a target flow of 30-40 L/min
an FIO2 of up to 34% is available with a 5lpm concentrator or
46% with a 10 lpm concentrator.

Continuous Pulse Oximeter Monitoring ☐ Yes **OR** ☐ No

If yes, settings for High/Low SPO2 and High/Low Heart Rate-

High SpO2 _____ Low SpO2 _____

High HR _____ Low HR _____

Patient Name: _____ Room #: _____

Facility Name: _____ Contact Name: _____

Contact Phone #: _____ Contact Email: _____

Shipping Address _____

Please Note: The box that corresponds with the requested information 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.