Maverick Oxygen & Respiratory Equipment, LLC

Advanced Pap Order Form

BiPAP Auto SV Advanced and VPAP-Adapt ASV

Fax to 502-225-4772

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

Respironics BiPAP Auto SV Advanced:

EPAPmin: _____   EPAPmax: _____   PSmin: _____   PSmax: _____   Max Pressure: _____

Rate: _____

OR

Resmed VPAP Adapt ASV

EPAP: _____   Min PS: _____   Max PS: _____

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

Nasal Mask	Interface/Mask:	Full Face Mask
☐ Small	Select both mask	☐ Small
☐ Medium	style and size	☐ Medium
☐ Large		☐ 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.

Form: MAVAVDPAPORD2017