



**Maverick
Oxygen &
Respiratory
Equipment, LLC**

**Advanced Pap Order Form
For BiPAP AVAPS and VPAP ST-A
Fax to 502-225-4772**

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

Respironics BiPAP AVAPS:

Vt: _____ml Respiratory Rate: _____ IPAP min: _____ IPAP max: _____ EPAP: _____
I-time: _____ Rise time: _____

OR

Resmed VPAP ST-A

EPAP: _____ Target VA: _____ml/kg Target Rate: _____ Min PS: _____ Max PS: _____
Ti-Max: _____ Ti-Min: _____ Patient Height: _____inches

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

<u>Nasal Mask</u>	Interface/Mask:	<u>Full Face Mask</u>
<input type="checkbox"/> Small	Select both mask	<input type="checkbox"/> Small
<input type="checkbox"/> Medium	style <u>and</u> size	<input type="checkbox"/> Medium
<input type="checkbox"/> Large		<input type="checkbox"/> 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.