

Patient's Name _____

Patient's Address _____

Patient's Home Phone _____ Patient's Cell Phone _____

Patient's Date of Birth _____ Weight _____ Height _____

DIAGNOSIS (ICD 10 codes)

Start Date _____ **Length of Need** _____

SLEEP THERAPY

CPAP _____ cmH2O Ramp: _____

CPAP (Auto-Titrating) Minutes: _____ cmH2O Max: _____ cmH2O

Bi-level without rate IPAP: _____ cmH2O EPAP: _____ cmH2O

Bi-level with rate IPAP: _____ cmH2O EPAP: _____ cmH2O Rate: _____

Mask Interface:

Patient's Mask of Choice (1 per 3 months) Or: _____

Accessories:

Heated Humidifier

Nasal Pillow (2 pair per month)

Chinstrap (1 per 6 months)

Cool Humidifier

Full Face Mask Cushion (1 per month)

Filter: Disposal (2 per month)

Humidifier Chamber (1 per 6 months)

Standard Tubing (1 per 3 months)

Filter: Non-Disp. (1 per 6 months)

Nasal Mask Cushion (2 per month)

Climate Tubing w/ heating element

Headgear (1 per 6 months)

Other: _____

PLEASE ATTACH THE FOLLOWING (as applicable, if not already provided)

Test Results (Sleep Study)

Patient's Insurance Card(s)

Face-to Face Visit Notes*

*(Face-to-Face Notes are from the patient's medical record, documenting the need for sleep therapy and include the physician's assessment—with physician's signature and date. These notes are from the visit when sleep testing was discussed—not more than six months prior to the written order for CPAP, Heated Humidifier and Supplies.)

Physician's Name (please print or stamp) _____

Address _____

Telephone _____ Facsimile _____

Physician's Signature _____ Date _____

Physician's NPI# _____



1900 Apperson Drive, Salem – (540) 380-3383 – Fax (540) 380-3393
For Questions 24/7/365 Call (540) 380-5588
479 Piney Forest Road, Danville – (434) 797-2332 – Fax: (434) 793-3916

Please fax this form (or a prescription/order) with this information, and supporting documents to:

Commonwealth Home Health Care, Inc.
479 Piney Forest Road
Danville, Virginia 24540
(434) 797-2332
FAX (434) 793-3916

Please contact us with any questions you may have about medical equipment referrals.

