

ORDER

PATIENT NAME: _____ DOB: _____
SSN: _____ HT: _____ WT: _____ BMI: _____
ADDRESS: _____ CITY/STATE: _____

DIAGNOSIS: OBSTRUCTIVE SLEEP APNEA, G47.33, and HYPOXEMIA, R09.02

PERFORM (1) TYPE III POLYSOMNOGRAM (Unattended) CPT#95806 _____
(Attended) CPT#95810 _____
PERFORM OVERNIGHT PULSE OXIMETRY PRN _____

UPON COMPLETION OF POLYSOMNOGRAM, IF PATIENT'S APNEA/HYPOPNEA INDEX (AHI) IS 5 EVENTS OR GREATER, DISPENSE:

_____	CPAP	HCPC #E0601
	TITRATE TO PATIENT COMFORT & TO MAXIMIZE EFFICACY	
_____	HEATED HUMIDIFIER	HCPC #E0562
_____	FULL FACE MASK	HCPC #A7030
_____	NASAL MASK	HCPC #A7034
_____	HEADGEAR	HCPC #A7035
_____	CHIN STRAP	HCPC #A7036
_____	6' CPAP TUBING	HCPC #A7037
_____	DISPOSABLE FILTER	HCPC #A7038
_____	NON-DISPOSABLE FILTER	HCPC #A7039

IF DURING PSG PATIENT'S OXYGEN SATURATION IS 88% OR LESS FOR A CONTINUOUS RECORDING PERIOD OF >5 MINUTES, PATIENT IS POSITIVE FOR HYPOXEMIA, R09.02. DISPENSE:

_____ 5L OXYGEN CONCENTRATOR HCPC #E1390
AT 1-3 LPM HS VIA NASAL CANNULA AND/OR CPAP

THIS PRESCRIPTION SHALL BE VALID FOR A PERIOD OF 1 (ONE) YEAR FROM DATE SIGNED.

_____ M.D./D.O./N.P./C.N.S. UPIN# _____
ADDRESS: _____
PHONE: _____ FAX: _____

SIGNATURE

DATE