

APAP Order Form

Physician Detailed Written Order (DWO)

Patient Information

Patient Name: John Smith Male Female Date of Birth: 01/01/1900
Address: 1234 Main Street Phone: (352) 293-2810
City/State/Zip: Anytown, USA 34668-6751
Primary Insurance: Medicare ID#: 123456789B
Secondary Insurance: UHC ID#: 963852741

HME/DME Information

Preferred HME Supplier: CPAP Supplier USA
Phone: (352) 293-2810 Fax: (727) 264-2117 DME Contact: _____

Send this Rx, with clinical notes & HST report, to your preferred supplier.

Physician Information

Ordering Physician: Mickey Mouse, MD NPI: 1234567890
Address: 1000 Disney Park Rd
City/State/Zip: Orlando, FL 34668-6751
Phone: (352) 293-2810 Fax: (727) 264-2117 Contact: _____

Home Sleep Test (HST) Info & Diagnosis

Study Date: 09/01/2019 Test Facility: Advanced Diagnostic Solutions Inc. (Medicare Certified IDTF)
AHI (or RDI): 35 If AHI is 5 – 14 events/hour, please check one or more of the additional diagnosis below;
 G47.14 – Hypersomnia due to medical condition I25.5 – Ischemic cardiomyopathy
 I10 – Essential (primary) hypertension I25.9 – Chronic ischemic heart disease, unspecified
 G47.33 – Obstructive Sleep apnea I67.89 – Other cerebrovascular disease
 G31.84 – Mild cognitive impairment, so stated Other: _____
 I25.89 – Other forms of chronic ischemic heart disease
 F06.30 – Mood disorder due to known physiological condition, unspecified

PAP Equipment Order

Length of Need: 90 Days One-Year Other: 99 (Lifetime) (99=Lifetime)
 Auto CPAP - E0601 **Pressure Setting** Min: 4 cmH₂O Max: 20 cmH₂O
 CPAP - E0601 **Pressure Setting** Fixed at _____ cmH₂O
 Fit mask per patient comfort and include necessary cushions and headgear, if applicable.
 Heated Humidifier - E0562 (1) Standard Tubing - A7037 (1) Disposable Filters - A7038 (1)
 Mask (Full Face) - A7030 (1) Cushion (Full Face) - A7031 (1) Other: _____
 Mask (Nasal or Pillow) - A7034 (1) Nasal Pillow - A7033 (1) Nasal Cushion - A7032 (1) Other: _____
 Headgear - A7035 (1) Chinstrap - A7036 (1) Heated Tubing - A4604 (1) Non-Disposable Filters - A7039 (1)
Compliance Reporting: Within 30 Days Within 60 - 90 Days Other: _____

Physician Certification

I certify that the medical information above is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission or concealment of material fact in that section may subject me to civil or criminal liability. I certify that I had an initial face-to-face visit with this patient prior to equipment set-up to review the test results & explain the therapy set-up this patient will be receiving from their chosen medical equipment supplier.

Ordering Physician: Mickey Mouse, MD NPI: 1234567890

Signature: _____ Order/Sign Date: 09/09/2019

(Signature and Date Stamps are Not Acceptable)