



Dispensing Order and/or WOPD/SWO for CPAP/BiPAP for Diagnosis of OSA

Patient Name: _____ DOB: _____

Patient Address: _____

Ordering Provider: _____

Ordering Provider Address: _____

NPI#: _____ Date of Order: _____

Length of Need: 12 Diagnosis: _____

- Qty: _____ CPAP (E0601) and heated humidifier (E0562) • Frequency: used daily during sleep
Qty: _____ BiPAP (E0470) and heated humidifier (E0562) • Frequency: used daily during sleep
Qty: _____ PAP mask 1 per 3 months / headgear 1 per 6 months (A7030 or A7034 and A7035) • Frequency: used daily during sleep
Qty: 1 PAP tubing 1 per 3 months (A4604 or A7037) • Frequency: used daily during sleep
Qty: 2 PAP disposable filter 2 per month (A7038) • Frequency: used daily during sleep
Qty: 1 PAP non disposable filter 1 per 6 months (A7039) • Frequency: used daily during sleep
Qty: 1 PAP water chamber 1 per 6 months (A7046) • Frequency: used daily during sleep
Qty: 1 Replacement full face cushion (A7031) or Qty: 2 replacement nasal cushions/pillows (A7032/A7033) • Frequency: used daily during sleep

Refills on prescription: 11

Please pick machine and fill in prescribed pressures:
E0601 (CPAP)
[] CPAP/AutoCPAP Straight CPAP: _____ or Auto CPAP Mode: Min _____ Max _____
E0470 (BiPAP)
[] BiPAP/VPAP IPAP _____/EPAP _____ or Auto BiPAP Mode
Max IPAP _____ Min EPAP _____
PS Min _____ PS Max _____
PS stands for pressure support

Physician Signature: _____ Date: _____

The equipment is subject to face-to-face requirements – Sec 6407 (ACA). The physician must have a face-to-face exam within 6 months prior to the date of this order. This exam must document that the patient was evaluated/treated for a condition that supports the need for this item.

Baraboo · Janesville · Madison · Reedsburg
phone: 800-924-2273 · fax: 866-553-0824

Fond du Lac
phone: 800-732-1313 · fax: 920-923-2096

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