UNIVERSALMED SUPPLY
A DUSARA CORP. SUBSIDIARY

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|---|---|---|---|
| **Order Date:** | ______________________ | **DOB:** | __________________________ |
| **Patient Name:** | ____________________________________ | **Phone:** | __________________________ |
| **Address:** | ______________________ **City:** ____________________ | **Zip:** | ______________________ |
| **Diagnosis:** | __________ __________ ___________ ___________ | **Duration:** | ____________ (99 = Lifetime) |

| **Equipment Request:** | | | | |
|---|---|---|---|---|
| □ 1 CPAP (E0601)<br>□ w/ 1 Heated Humidifier **E0562** | IPAP: _____ | CmH20 | EPAP: _____ | CmH20 |
| □ 1 BiPAP (E0470)<br>□ w/ 1 Heated Humidifier **E0562** | IPAP: _____ | CmH20 | EPAP: _____ | CmH20 |
| □ 1 BiPAP ST (E0471)<br>□ w/ 1 Heated Humidifier **E0562** | IPAP: _____<br>Rate: _____ | CmH20<br>BPM | EPAP: _____<br>Ramp: _____ | CmH20<br>Min |

| **Supply Components:** | **Mask Type Components:** | | | |
|---|---|---|---|---|
| | **Full Face:** | **Nasal Cushion:** | **Nasal Pillow:** | **Combination Oral/Nasal:** |
| □ 6 Disposable Filters **A7038** 2/1 Month<br>□ 1 Non Disp. Filters **A7039** 1/6 Months<br>□ 1 Water Chamber **A7046** 1/6 Months<br>□ 1 Chinstrap **A7036** 1/6 Months<br>□ 1 Tubing **A7037** 1/3 Months<br>□ 1 Heated Tubing **A4604** 1/3 Months | □ **1 A7030** 1/3 Months<br>□ **3 A7031** 1/1 Month<br>□ **1 A7035** 1/6 Months | □ **1 A7034** 1/3 Months<br>□ **6 A7032** 2/1 Month<br>□ **1 A7035** 1/6 Months | □ **1 A7034** 1/3 Months<br>□ **6 A7033** 2/1 Month<br>□ **1 A7035** 1/6 Months | □ **6 A7028** 2/1 Month<br>□ **6 A7029** 2/1 Month<br>□ **1 A7035** 1/6 Months |
| **Mask Size Details, If Known:** | □ **Small** □ **Medium** □ **Large** □ **Other:** ____________________________ | | | |

I, as the physician signing below, attest that the information has been supplied and verified by me and is true to the best of my knowledge.

| | | | |
|---|---|---|---|
| **Physician Name:** | ____________________________ | **NPI:** | _____________________________ |
| **Signature:** | ____________________________ | **Date:** | _____________________________ |