



Introducing our new

# Durable Medical Equipment (DME) Division



In an effort to provide complete sleep related services and better continuity of patient care, we have created our own Durable Medical Equipment (DME) division for dispensing and servicing CPAP/BiPAP devices and interfaces (accessories such as masks, tubing, and headgear). Our respiratory therapist is specifically trained and has many years of experience to assist your patients in achieving a successful treatment regimen.

If you would like us to provide this treatment to your patients, please fill out/sign this form and fax to:

**(808) 483-8822.** If you have questions about these services, please call **(808) 456-7378.**

## REQUISITION FOR DME SERVICE

Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: 327.23 (OSA) Obstructive Sleep Apnea

Recommended PAP device and settings: \_\_\_\_\_ cm H2O

- |  |       |  |       |
|--|-------|--|-------|
| <input type="checkbox"/> CPAP              | E0601 | <input type="checkbox"/> NASAL INTERFACE | A7034 |
| <input type="checkbox"/> BiPAP             | E0470 | <input type="checkbox"/> HEADGEAR        | A7035 |
| <input type="checkbox"/> HEATED HUMIDIFIER | E0562 | <input type="checkbox"/> CHINSTRAP       | A7036 |
| <input type="checkbox"/> NASAL PILLOW      | A7029 | <input type="checkbox"/> TUBING          | A7037 |
| <input type="checkbox"/> FULL FACE MASK    | A7030 | <input type="checkbox"/> FILTER          | A7039 |

Yes, please provide PAP treatment device, interface, and follow up visits.

No, I will order equipment for this patient from a different DME provider.

\_\_\_\_\_  
Physician or Office Nurse Signature

\_\_\_\_\_  
Date