



116 Medical Park Lane
 Suite D
 Huntsville, TX 77340
 Ph. 936-293-8799
 Fax. 936-439-4846

ORDER FORM

Patient Information

Name: _____
 Date of Birth: _____ Height: ____ (in) Weight ____ (lbs)
 Phone Number: _____

Diagnosis ICD-10 Codes – Check ALL that apply

- Obstructive Sleep Apnea (G47.33)
- Congestive Heart Failure (I50.20-I50.43)
- Emphysema (J43.0-J43.9)
- Chronic Obstructive Pulmonary Disease (J44.0-J44.9)
- Chronic Bronchitis (J41.0-J42)
- Other _____
- Other _____
- Other _____
- Other _____

Respiratory Testing

- Home Sleep Testing 95806
- Overnight Oximetry Testing (Breathe)

CPAP/BiPAP Machine

- CPAP Machine: E0601 with a fixed pressure of _____ cmH2O with Heated Humidifier E0562
- AutoPAP machine: E0601 with minimum of _____ cmH2O maximum of _____ cmH2O with Heated Humidifier E0562
- BiPAP Machine: E0470 IPAP: _____ cmH2O EPAP: _____ cmH2O with a Heated Humidifier E0562
- AutoBiPAP Machine: E0470 Emin: _____ cmH2O Imax: _____ cmH2O PSmin: _____ PSmax: _____
- Patient to choose mask to comfort

Oxygen

- Oxygen Concentrator: E1390 _____ lpm
- Portable Oxygen Concentrator: E1392 _____ lpm

Nebulizer

- Nebulizer and Supplies: E0570, and all nebulizer circuits, filters, masks, and related supplies

Prescriber Information

Provider: _____
 NPI: _____
 Phone: _____ Fax: _____
 Physician Signature: _____

Mobility

- Wheelchair
 - With Cushion
 - With Anti-tippers
 - With Elevated Leg Rests
 - Wheel Lock Extensions
- Walker
 - With right platform
 - With left platform
- Rollator
- Crutches

Hospital Bed

- Semi-Electric Hospital Bed with Rails and standard support surface
- Full Electric Hospital Bed with Rails and standard support surface
- Low Air Loss Mattress

Bracing and Other DME

Dx: _____
 Item to order: _____
 Dx: _____
 Item to order: _____

In order to help your patient in the timeliest of fashion all orders MUST be accompanied by relevant testing results, clinic notes, and this form signed by the provider. Please fax all of these to 936-439-4846.