brookstone MEDICAL

117 Hugh Road, Leesburg, GA 31763 | www.brookstonemedical.com

Phone: (229) 496-6963 | Fax: (229) 516-1387

Detailed Written Order

Positive Airway Pressure (PAP) Device

Order Date _____

Length of Need 99

Diagnosis G47.33

Patient Information

Name _____ DOB _____ Phone _____

Address _____ Alt. Phone _____

Email _____ Gender _____

Primary Insurance _____ Primary Insurance ID _____

Secondary Insurance _____ Secondary Insurance ID _____

Equipment Ordered

Check All That Apply

X E0601 CPAP Auto (4-20cmH2O)

_____ E0601 CPAP Fixed _____ cmH2O

_____ E0470 Bi-level Auto Max IPAP (4-25cmH2O) Min EPAP (4-25cmH2O)

_____ E0470 Bi-level Fixed MIPAP_____ cmH2O EPAP_____cmH2O

X E0562 Heated Humidifier

X Titrate PAP Device/Fit PAP Mask (To Patient Comfort)

X A7030 Mask (1x3mo), A7034 Mask (1x3mo)

X A7031 Cushion (1mo), A7032 Cushion (2mo)

X A7033 Pillow (2mo)

X A7035 Headgear (1x6mo)

X A7036 Chin Strap (1x6mo)

X A7037 Tubing (1x3mo), A4604 Tubing (1x6mo)

X A7038 Filters (2mo), A7039 Filters (1x6mo)

X A7046 Water Chamber for Humidifier (1x6mo)

By my signature below, I authorize the use of this document as a dispensing prescription. I understand that the final decision with respect to ordering items for this patient is a clinical decision made by me, based on the patient's clinical needs, and that my records concerning this patient support the medical need for the items prescribed.

Prescriber's Name _____ NPI #_____

Prescriber's Signature _____ Date _____

Prescriber's Address _____

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HQAA ACCREDITED

GAMES Georgia Association of Medical Equipment Suppliers