

## Home CPAP/BiPAP/O<sub>2</sub> Prescription

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Polysomnography date: \_\_\_\_\_ AHI index: \_\_\_\_\_ O<sub>2</sub> nadir: \_\_\_\_\_ %

### Diagnosis

Obstructive sleep apnea	327.23	<input checked="" type="checkbox"/>
Central sleep apnea	327.21	<input type="checkbox"/>
Insomnia	780.52	<input type="checkbox"/>
Periodic limb movement disorder	327.51	<input type="checkbox"/>
Hypoxia, Hypoxemia	799.0	<input type="checkbox"/>
Restless leg syndrome	333.94	<input type="checkbox"/>
Narcolepsy	347.00	<input type="checkbox"/>
Alveolar hypoventilation	780.51-1	<input type="checkbox"/>

### Sleep study

Titration date: \_\_\_\_\_

Mask used during study: \_\_\_\_\_

Length of need:  Lifetime  Other: \_\_\_\_\_

Humidification:  Yes  No

Heated:  Yes  No

CPAP level: \_\_\_\_\_ cm/H<sub>2</sub>O

BiPAP level: \_\_\_\_\_ / \_\_\_\_\_ cm/H<sub>2</sub>O

Nocturnal oxygen: \_\_\_\_\_ lpm

Nocturnal pulse ox: In \_\_\_\_\_ weeks

Supplies: tubing, mask, headgear, misc.

Physician Signature: \_\_\_\_\_

#### NOCTURNA Sleep Care

**East:** 9077 S. Pecos Road, Suite 3700  
Henderson, NV 89074

**West:** 5191 W. Charleston Blvd, Suite 190  
Las Vegas, NV 89146

702-896-7378 (office)  
702-897-8252 (fax)

A **Graymark** Healthcare Company  
Info@GRMH.com  
GraymarkHealthcare.com