

AVAPS Order Slip



133 Nursery Lane, Fort Worth, TX 76114
 Customer Success: 1-877-790-5994
 Fax: 1-817-890-9098

YOU DO NOT NEED TO FILL OUT THIS FORM IF YOU ALREADY HAVE A PRESCRIPTION FROM THE PATIENT'S PHYSICIAN. PLEASE SKIP TO THE BOTTOM AND READ OUR SUBMISSION PROCESS IF YOU ALREADY HAVE A PRESCRIPTION.

<i>Facility Information:</i>															
Name:		Address:			City:		State:		ZIP:						
<i>Patient Information:</i>															
First:				Last:				Room #:							
<input type="checkbox"/> Option 1: Complete if MasVida <u>IS</u> Programming the equipment.															
Please ONLY check one of the options below:															
<input type="checkbox"/> 1. Mode BiPAP S/T with AVAPS <input type="checkbox"/> 2. Mode BiPAP with AVAPS <input type="checkbox"/> 3. Mode AVAPS AE															
Tidal Volume					Tidal Volume					Tidal Volume					
iPAP Max Pressure					iPAP Max Pressure					Max Pressure (If Prescribed)					
iPAP Min Pressure					iPAP Min Pressure					Pressure Support Max					
EPAP					EPAP					Pressure Support Min					
Respiratory Rate										EPAP Max					
										EPAP Min					
										Breath Rate					
Comfort Settings: Circle one from each				Comfort Settings: Circle one from each				Comfort Settings: Circle one from each							
AVAPS Rate		1 2 3 4		AVAPS Rate		1 2 3 4		AVAPS Rate		1 2 3 4					
I-Time		0.8 0.1		I-Time		0.8 0.1		I-Time		0.8 0.1					
Rise Time		3 4		Rise Time		3 4		Rise Time		3 4					
Also fill out the below settings:															
DO YOU NEED CONCENTRATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				%FI02:			Heated Humification: <input type="checkbox"/> YES <input type="checkbox"/> NO								
<i>Print Clinician Name & Credentials</i>				<i>Clinician Signature</i>				<i>Print Prescribing Physician Name</i>							
First:		Last:		Credentials:		Sign here:		Date: / /		Time:		First:		Last:	
Make your mask selection: CHOOSE ONLY ONE:															
<input type="checkbox"/> 1. Trach Connection			<input type="checkbox"/> 2. Full Face Mask			<input type="checkbox"/> 3. Nasal Mask			<input type="checkbox"/> 4. Nasal Pillows						
			Circle One: XLG / Large / Medium / Small			Circle One: Large / Medium / Small									
<input type="checkbox"/> Option 2: Complete if MasVida <u>IS NOT</u> Programming the equipment.															
<i>Clinician name/ Credentials</i>						<i>Clinician signature</i>									
First:		Last:		Credentials:		Sign here:		Date: / /		Time:					

Form Submission Process

STEP 1: Scan and email this form to order@masvidahealth.com.
STEP 2: Call **877-790-5994** to place the order for the equipment.
NOTE: Both steps must be completed in order to successfully place an order.