

AVAPS Order Slip

MasVidaHealth™ CARE SOLUTIONS 8505 Freeport Pkwy, Suite 210, Irving, TX 75063

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.

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| <i>Facility Information:</i> | | | | | | | | |
| Name: | | Address: | | City: | | State: | ZIP: | |
| <i>Patient Information:</i> | | | | | | | | |
| First: | | | Last: | | | Room #: | | |
| <input type="checkbox"/> Option 1: Complete if MasVida IS Programming the equipment. | | | | | | | | |
| Please ONLY check one of the options below: | | | | | | | | |
| ONLY CHOOSE ONE OPTION | <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 | | | |
| | 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 |
| 1-Time | 0.8 0.1 | | 1-Time | 0.8 0.1 | | 1-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 | | | %F102: | | | Heated Humidification: <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 IS NOT Programming the equipment. | | | | | | | | |
| <i>Clinician name/ Credentials</i> | | | | <i>Clinician signature</i> | | | | |
| First: | Last: | Credentials: | Sign here: | Date: / / | Time: | | | |

Form Submission Process

During Normal business Hours (Monday-Friday, 8am-5pm):
 Completely fill out this form, then scan, or take a picture of it and email to order@masvidahealth.com or you may fax it to 817-890-9098.
If you FAX IT IN, you must call 1-877-790-5994 and press 1 to order equipment. No deliveries will be made if you do not call in.

For after hour orders: Completely fill out this form, then scan, or take a picture of it and email to order@masvidahealth.com **DO NOT FAX**
 All orders must be called into **1-877-790-5994 and press 1 to order equipment.** No delivery will be made if you do not call in the order after emailing it.
 If you have any question or concerns, please call your account manager