AVAPS Order Slip

MasVidaHealth™ CARE SOLUTIONS

Name of Facility:	
Adress:	

Date:		Room Number:	
Name of Patient:	Last:	First:	

☐ Mode Bipap S/T w/avaps	
Avaps rate (1-4):	
Tidal volume:	
Ipap Max Pressure:	
Ipap Min Pressure:	
Epap:	
Respiratory Rate:	
I-time:	
Rise time:	

☐ Mode Bipap S w/avaps	
Avaps rate (1-4):	
Tidal volume:	
Ipap Max Pressure:	
Ipap Min Pressure:	
Epap:	
I-time:	
Rise time:	

☐ Mode Avaps AE	
Avaps rate (1-4):	
Tidal volume:	
Max pressure:	
Pressure support max:	
Pressure support min:	
Epap max pressure:	
Epap min pressure:	
Breath rate:	
I-time:	
Rise time:	

Supplemental Oxygen: % FIO2

Heated Humification: Yes ☐ No ☐

Patient Interface:

Type

Trach Circuit: ☐

Full Face Mask

Small ☐ Medium ☐ Large ☐

Hours of Use: Continuous ☐ During Sleep ☐

Name of Nurse Receiving Order: (please print)
First: Last:

Nurse Signature:

Name of Physican:
First: Last:

I am confirming that MasVida staff does not need to set the Bipap (auto,S,ST) /Cpap (auto) machine. Facility staff will be responsible for setting up Bipap/Cpap machine.

Printed Name & Title: _____

Signature: _____

During normal business hours Monday-Friday 8a.m.- 5p.m. CST, Fill out the form completely. Then scan or take a picture of it and email it to order@masvidahealth.com or you may fax it to 817-890-9098. If FAXED, you must also call 1-877-790-5994 and press 1 to order equipment. No deliveries will be made if you do not call it in.

For after hour & weekend orders: Completely fill out this form, then scan, or take a picture of it and email order@masvidahealth.com All orders must be called into 1-877-790-5994 press 1 to order equipment. No delivery will be made if you do not call in the order after emailing it. No faxes accepted after hours. If you have any question or concerns, please call, and ask to speak with your sales rep.