

# CPAP / BiPAP Order Slip



8505 Freeport Pkwy,  
Suite 210, Irving, TX

**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"/>	<b>Option 1: Complete if MasVida IS Programming the equipment.</b>				
<b>↑ ONLY CHOOSE ONE OPTION ↓</b>	<b>Please ONLY check one piece of equipment:</b>				
	<input type="checkbox"/> CPAP	EPAP:			
	<input type="checkbox"/> BiPAP S	IPAP:	EPAP:		
	<input type="checkbox"/> BiPAP / ST	IPAP:	EPAP:	Respiratory Rate:	
	<b>Oversight clinician signature and prescribing physician information:</b>				
	<i>Print Clinician Name &amp; Credentials</i>			<i>Print Prescribing Physician Name</i>	
	First:	Last:	Credentials:	First:	Last:
	<i>Clinician Signature</i>				
	Sign here:		Date:	Time:	
	<b>Make your mask selection: CHOOSE ONLY ONE:</b>				
<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		
	<b>Circle One:</b> XLG / Large / Medium / Small	<b>Circle One:</b> Large / Medium / Small			
<input type="checkbox"/>	<b>Option 2: Complete if MasVida IS NOT Programming the equipment.</b>				
<i>PRINT Clinician name</i>			<i>Clinician signature</i>		
First:	Last:	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](mailto: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](mailto: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