

# 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"/> <b>Option 1: Complete if MasVida <u>IS</u> Programming the equipment.</b>										
Please <b>ONLY</b> check one of the options below:										
<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ONLY CHOOSE ONE OPTION</div> <div style="font-size: 2em; margin: 0 10px;">↑</div> </div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ONLY CHOOSE ONE OPTION</div> <div style="font-size: 2em; margin: 0 10px;">↓</div> </div>	<input type="checkbox"/> <b>1. Mode BiPAP S/T with AVAPS</b>			<input type="checkbox"/> <b>2. Mode BiPAP with AVAPS</b>			<input type="checkbox"/> <b>3. Mode AVAPS AE</b>			
	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	
	<b>Also fill out the below settings:</b>									
	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 &amp; Credentials</i>				<i>Clinician Signature</i>			<i>Print Prescribing Physician Name</i>		
First:		Last:	Credentials:	Sign here:		Date: / /	Time:	First: Last:		
<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 <u>IS NOT</u> Programming the equipment.</b>										
<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](mailto:order@masvidahealth.com).  
**STEP 2:** Call **877-890-9098** to place the order for the equipment.  
**NOTE:** Both steps must be completed in order to successfully place an order.