

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			%FIO2:		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.