Confirmation of verbal order for non-invasive mechanical ventilator

Patient Name, Address, Telephone	Supplier Name, Address, Telephone and NPI Number
Phone:_____ DOB:_____	Phone:_____ NPI#:_____

DIAGNOSIS: _____ _____ _____

ORDER DATE:_____ **ESTIMATED LENGTH OF NEED (# OF MONTHS):** _____ **1-99**
99 = LIFETIME UNLESS OTHERWISE SPECIFIED)

HCPCS CODE: E0466 Home ventilator, any type, used with non-invasive interface (e.g., mask, chest shell)

Trilogy™ Settings

MODE OF VENTILATION ☐ **AVAPS-AE**

_____TIDAL VOLUME _____ BREATH RATE _____ INSPIRATORY TIME _____PS MIN _____PS MAX
_____ EPAP MIN _____EPAP MAX _____AVAPS RATE _____MAX PRESSURE

MODE OF VENTILATION ☐ **PC-SIMV**

_____PEEP _____PRESSURE SUPPORT OVER PEEP _____BREATH RATE _____INSPIRATORY TIME
_____ INSPIRATORY PRESSURE

MODE OF VENTILATION ☐ **SIMV**

_____TIDAL VOLUME _____BREATH RATE _____INSPIRATORY TIME _____PEEP

☐ ON ☐ OFF PRESSURE SUPPORT

MOUTHPIECE VENTILATION ☐ **PC MPV**

_____IPAP _____EPAP _____BREATH RATE _____INSPIRATORY TIME

MOUTHPIECE VENTILATION ☐ **AC MPV**

_____TIDAL VOLUME _____BREATH RATE _____INSPIRATORY TIME _____PEEP

☐ **SUPPLEMENTAL OXYGEN** LPM_____

Download ventilation reports with DirectView software ☑ Yes download frequency (as needed per practitioner's request)

Hours of Use ☐ Continuous ☐ During Sleep

☑ Clinical Assessment to be Performed to Determine Device Alarm Settings

Additional Orders/Dual Prescription

Titrate to patient comfort if range is specified.

Physician's notes: Documentation required for non-invasive ventilator, with assessment, and expected benefit from equipment within 6 months of order date.

Practitioner Name, Address, Telephone and NPI Number
Phone:_____ NPI#:_____

Practitioner Signature:_____

Date:_____