PRESCRIPTION / ORDER FORM

Life2000® Ventilation System

Dati	ient Name:					Facility	Contact Person:			
	quired - please print)	First	Middle	l ast			Phone:			
	n Date: / /			Last			E-mail:			
Dii a.	/ Datc / /		1 11111011			Follov	ving			
						Physic	cian/PCP:			
Stree	et	City	State	Zip			Phone:			
Prim	nary Insurance & ID#:						E-mail:			
Seco	ondary Insurance & ID#:									-
Patie	ent Contact Name:				Relationship	to Patient	••			
Phor	ne:	Пн c w <i>и</i>	Alt Phone:			w E-m	nail:			
Date	e patient last seen:	Is the	e patient currently in the	hospital?	N	Y Disc	charge Date:			
	(ТІ		LINE TO BE COMPI					der form)		
			Relevant Medical H	• •	neck all tha	t apply):	-			
1.	□ pC0 ₂ ≥48 mmHg	□ ^F	EV ₁ <50% of predicted	☐ 2 c	or more respira	tory relate	d hospitalization	ns within the	last year	
2.	Has bi-level been tried ar	ıd failed, ruled out, or	insufficient for patien	it needs?						Yes 🗆 No
	Please indicate reasons b	i-level has been tried a	and failed, ruled out o	r insufficien	nt for patient i	needs (ch		-		
	☐ Unable to tolerate						Patient will co			l at night to
	Does not provide the	e level of ventilatory					·		•	
	support to meet pat	ent needs				Ш	Requires mol	olle Veritila	tion	
	Other									
		Fac#						PROT		
	Comments			Life2	000® Ventil	ation	The Life20	000® ventil	ator requir	es a 50 psi
	Comments		B	Life2	000® Ventil	ation olies	O2 cylinde	000 ® ventil to operate	ator requir	·
CI	Comments		B	Life2 Syste	000® Ventil em & Supr C=E0466	olies	O2 cylinde	000® ventil to operatoneed:99	ator requir e.	·
CI — — — Ph	Commentslinic Information:		Please ch	Life2 Syste HCP0	000® Ventil em & Supp C=E0466	olies and	O2 cylindei <u>Length of</u>	000® ventil to operate need: 99 Sleep/ Rest/ Low	ator requir e. months=lifet	ime
CI ————————————————————————————————————	Commentslinic Information:	Fac#	Please ch	Life2 Syste HCP0 neck the appro	000® Ventil em & Supr C=E0466	olies and	O2 cylinder <u>Length of</u> Mode: Assist/Control	000® ventil to operatoneed:99	ator requir e. months=lifet Medium	ime
CI ————————————————————————————————————	Comments linic Information: none: ax: Date of Signature (Require	Fac#	Please ch include t provided	Life2 Syste HCP0 neck the appro	000® Ventil em & Supp C=E0466 opriate diagnosis s ICD-10 code in t	olies and	O2 cylinder <u>Length of</u> Mode:	000® ventil to operate need: 99 Sleep/ Rest/ Low	ator requir e. months=lifet Medium	ime
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CI — — Phh Fa	Comments linic Information: none: ax: Date of Signature (Require	Fac#	Please chinclude to provided	Life2 Syste HCP0 neck the appro	000® Ventil em & Supp C=E0466 opriate diagnosis s ICD-10 code in t	and he space	O2 cylinder Length of Mode: Assist/Control Volume (50-750	ooo® ventil to operationed: 99 Sleep/ Rest/ Low Activity 150 mL	months=lifet Medium Activity 180 mL	High Activity 200 mL
CI — — Phh Fa	Comments linic Information: none: ax: Date of Signature (Require Prescriber's Signature (Reaccepted)	Fac#	Please chinclude to provided Chror	Life2 Syste HCP0 neck the appro the correlating t:	000® Ventilem & Supp C=E0466 oppriate diagnosis a ICD-10 code in t	and he space	O2 cylinder Length of Mode: Assist/Control Volume (50-750 mL)	ooo® ventil to operate need: 99 Sleep/ Rest/ Low Activity 150 mL X Chee within ±75 m	ator require. months=lifet Medium Activity 180 mL	High Activity 200 mL justment or each
CI ————————————————————————————————————	Comments linic Information: none: ax: Date of Signature (Require 2. Prescriber's Signature (Reaccepted)	Fac# ed - MM/DD/YY)	Please chinclude to provided Chror	Life2 Syste HCP0 neck the appro the correlating t:	O00® Ventilem & Supp C=E0466 Appriate diagnosis and ICD-10 code in the code i	and the space	O2 cylinder Length of Mode: Assist/Control Volume (50-750 mL)	ooo® ventil to operate need: 99 Sleep/ Rest/ Low Activity 150 mL X Chee within ±75 m activity level	Medium Activity 180 mL	High Activity 200 mL justment or each maintain
CI ————————————————————————————————————	Comments linic Information: none: ax: 1. Date of Signature (Require accepted) Prescriber's Signature (Reaccepted) 3. Print Prescriber's First and	Fac# ed - MM/DD/YY) equired - no stamped sign	Please chinclude to provided Chron	Life2 Syste HCP0 neck the appro the correlating d: nic respiratory	000® Ventilem & Supp C=E0466 opriate diagnosis : .ICD-10 code in t failure (ICD-10 code)	and the space	O2 cylinder Length of Mode: Assist/Control Volume (50-750 mL)	ooo® ventil to operate need: 99 Sleep/ Rest/ Low Activity 150 mL X Chee within ±75 m activity level Sp02 >90% a	Medium Activity 180 mL ck to allow ad L of volume for some edded to	High Activity 200 mL justment or each maintain ventilation.
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