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DETAILED WRITTEN ORDER PRIOR TO DELIVERY (DWOPD)

Name: _____ D.O.B. _____ Order Date: _____

Start Date (if the start date is different from the date of the order) _____

Height _____ Weight _____ Address _____

Primary Diagnosis: _____ Secondary DX: _____ Duration of Need: _____ 1-99

CPAP/BIPAP

CPAP E0601 Auto PAP E0601 BIPAP E0470 BIPAP with backup E0471 rate (if applicable) _____

CM of pressure _____

E0562 Heated humidifier

A7034 Nasal Mask (4/year)

A7030 Full Face Mask (4/year)

A7046 Replacement Water Chamber (1/6 months)

A7032 Cushions (2/month)

A7031 Cushions/Seal (1/month)

A4604 Heated tubing (4/year)

A7033 Pillows (2/month)

A7037 Tubing (4/year)

A7038 Disposable filters (2/month)

A7035 headgear (1/6month)

A7036 Chin strap (1/6month)

A7039 Non-Disposable Filters (1/6months)

Oxygen

Oxygen Concentrator E1390 LPM _____ Frequency _____ via: Nasal Cannula or Mask (>5lpm)

Oxygen Gaseous Portable System E0431 Portable Oxygen Concentrator E1392 Conserving Device Nocturnal Use Only

O2 Sat: _____ PO2 _____ at rest on room air Sleep other _____ Test Date _____

Nebulizer

Nebulizer Compressor E0570 Was MDI ruled out **Y** _____ **N** _____ (If no, not covered)

Disposable Nebulizer set A7003 (2/month) Reusable Nebulizer set A7005 (1/6months) Aerosol Mask A7015 (1/month)
(Tracheostomy supplies for use with nebulizer)

Large volume nebulizer, disposable, for use with aerosol compressor A7007 (2/monthly)

Corrugated tubing, disposable for use with large volume nebulizer, 100 feet A7010 (1/2 months)

Water collection device, used with large volume nebulizer A7012 (1/monthly)

Physicians Name _____ NPI _____

Physician Signature _____ Date _____

(Stamped signature not accepted)