



ASHLI
HEALTHCARE, INC.
MEDICAL SUPPLIES

PRESCRIPTION

PHONE 1-888-831-7977

FAX 1-888-831-0909

Medicare Private Other

Start Date _____

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ Phone _____ Height _____ Weight _____

DIAGNOSIS

- COPD Hypoxemia Chronic low Back Pain
 Chronic Respiratory Failure Osteoarthritis Diabetes
 OTHER _____

EQUIPMENT

- TRILOGY 100 POWER WHEELCHAIR BACK BRACE
 OXYGEN TENS UNIT DIABETIC SUPPLIES
 CPAP @ _____ CM/H2O or AUTO _____ KNEE BRACE OTHER _____
 BIPAP @ _____ / _____ CM/H2O NEBULIZER LENGTH OF NEED _____

OXYGEN

- PORTABLE STATIONARY CONSERVING DEVICE YES NO
 _____ L/M NOCTURNAL _____ HRS/DAY VIA NASAL CANNULA OTHER _____ FACILITY _____
 TEST RESULTS _____ O2 SAT _____ PAO2 _____ DATE OF TEST _____

DIAGNOSTIC

- OVERNIGHT OXIMETRY TEST HOME SLEEP STUDY FORMAL SLEEP STUDY

TRILOGY 100 DUAL PRESCRIPTION

PASSIVE 1 MODE: AVAPS-AE FOR NOCTURNAL USE WITH SETTINGS: VT: 4-8ml/kg OF PTS IBW, MAX IPAP: 25CMH2O, MIN EPAP: 4CMH2O, MIN PS: 3CMH2O, MAX PS: 5CMH2O, BACKUP BREATH RATE: AUTO, BREATH TRIGGER: AUTOTRAK, RISE TIME: TITRATE TO PT COMFORT, RAMP: ON. TITRATE ALL INITIAL SETTINGS TO PT COMFORT/TOLERANCE.

PASSIVE 2 MODE: PC WITH MPV (MOUTHPIECE VENTILATION) FOR PRN DAY USE WITH SETTINGS: IPAP: 8-20CMH2O, EPAP: 0-8CMH2O, BACKUP BREATH RATE: 0, I-TIME: TITRATE TO PT COMFORT, RISE TIME: TITRATE TO PT COMFORT. TITRATE ALL INITIAL SETTINGS TO PT COMFORT/TOLERANCE.

AVAPS-AE VIA MASK

RESPIRATORY RATE _____
 IPAP MAX _____
 EPAP MIN - MAX _____
 AVAPS VOLUME _____
 P/S MIN - MAX _____

P/C WITH MOUTHPIECE VENTILATION

RESPIRATORY RATE _____
 IPAP _____
 EPAP _____
 I-TIME _____

Physician's Name _____ NPI _____ State Lic _____

Address _____ City _____ Zip _____

Phone () _____ Fax () _____

PHYSICIAN'S SIGNATURE _____ DATE _____