



Wakefield Medical Inc.

Making your life comfortable and convenient.

DME REFERRAL FORM

123 Capcom Avenue, Suite 3

Wake Forest, NC 27587

Phone: (919) 570-5277

Fax: (919) 570-5377

Patient Demographics

Please Print

Patient's Name: _____ Sex: M F Date of Birth: ____/____/____
(Last) (First) (M.I.)

Address: _____ Phone: (____) _____ (Home)
_____ (____) _____ (Work)
_____ (____) _____ (Cell)

Insurance: Medicare Medicaid BCBS UHC Aetna

Other: _____

Referring MD: _____ Phone: (____) _____
_____ Fax: (____) _____

DME EQUIPMENT

- Standard Wheelchair
- Light Weight Wheelchair
- Walker
- Walker w/Wheels
- Walker w/ Wheels and Seat
- Diagnosis: _____
- Semi-Electric Hospital Bed
- 3-in-1 Bedside Commode
- Shower Chair
- Standard Cane
- Other: _____
- Length of Need: _____

**PLEASE ATTACH A COPY OF
DEMOGRAPHICS & INSURANCE CARDS
(FRONT AND BACK)**

Oxygen

- Oxygen Concentrator Date of Test: _____ LPM: _____
- Portable Oxygen Concentrator SaO2 Room Air at Rest: _____% 24 Hours
- Homefill Unit SaO2 Room Air w/ Exertion _____% Nocturnal

Sleep Therapy

- E0601---CPAP
- E0470---Bi-Level Unit
- E0471---Bi-Level Unit w/Backup
- E0471---ASV

Rate _____

Diagnosis _____ Duration of Need Lifetime (99) Pressure _____ CM Ramp Time _____ minutes

Order Start Date _____

E0562 heated humidifier, E0561 cool humidifier, A7034 nasal interface (mask, pillow, or cannula style), A7030 full face mask, A7035 headgear, A7037 tubing, A4604 tubing with heated element, A7036 chin strap, A7039 non-disposable filter, A7038 disposable filter, A7046 replacement humidifier reservoir, A7031 full face mask interface, A7032 replacement cushion, A7033 replacement pillow, A7044 oral interface

The patient had a diagnostic apnea-hypopnea index (AHI) of _____

_____ The AHI is between 5 and 15 events per hour and the patient has documented symptoms of: Excessive daytime sleepiness, impaired cognition, mood disorders, or insomnia, OR, hypertension, ischemic heart disease, or history of stroke.

Supplies as needed (Replace all as needed, or per coverage guidelines, every 6 months @ minimum):

The above names patient has been diagnosed with obstructive sleep apnea (OSA) or central sleep apnea and referred for CPAP/Bi-Level instruction and treatment. The CPAP titration study demonstrates improvement of the respiratory events along with the sleep architecture. It is my opinion that CPAP/Bi-Level treatment is medically necessary and justified.

Physician's Signature: _____ Date: _____