



5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

Patient Name: _____ DOB: ___/___/___ DOS: ___/___/___ Greenway ID#: _____

DME Co: Apria Preferred Other: _____

PAP Machine: Resironics ResMed DeVilbiss Fisher-Payel

PAP Type: CPAP Bilevel/BPAP ASV AutoPap

PAP Device Settings: _____ cm H2O

Flex _____

Ramp _____

USAGE FROM PAP MACHINE

Therapy Hours	LEAK	AHI
1 Day _____	1 Day _____ %	1 Day _____
7 Days _____	7 Days _____	7 Days _____
30 Days _____	30 Days _____	30 Days _____

Last Time Received Supply:

Mesh ___/___/___ Tubing ___/___/___ Chamber ___/___/___ Filters ___/___/___ Other ___/___/___

How Often Does Patient Clean Supply: _____

Re-Educated Today: Yes No

Smartcard Download:

- Yes, In Chart & Chart Captive
- No, Did Not Bring Machine
- No, Unable to Connect to iCloud

Type of Water Used in Humidifier: _____

Patient Comments: _____

