

MEDOX CORPORATION
4223 CLARK ROAD STE 20
SARASOTA, FL 34233
PHONE: 941-923-3461
FAX: 941-923-5734

SLEEP THERAPY QUESTION FORM

FACILITY: _____
PATIENT NAME: _____ PHONE NUMBER: _____
ROOM NUMBER: _____ EMERGENCY CONTACT: _____
ORDERING PHYSICIAN: _____

CPAP SETTING _____ C-FLEX _____
BILEVEL SETTING _____ / _____ BACKUP RATE _____

HUMIDIFICATION NO YES HEATED NO YES

WITH OXYGEN NO YES LPM OR O2% _____

NASAL MASK SIZE: S M L _____

FULL FACE MASK SIZE: S M L _____

BRINGING MASK FROM HOSPICE OR HOME? YES NO

OTHER: _____

SIGNATURE: _____
PRINT NAME: _____

PLEASE ATTACH ORDERS WITH THIS FORM:

**PLEASE FILL OUT COMPLETELY AND
FAX BACK TO: 941-923-5734**