**BI-LEVEL THERAPY PRESCRIPTION**

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| **Hospital:** | | | |
| **Patient’s Name:** | | | |
| **Address:** | | | |
|  | | | |
| **Phone No.:** | | | |
| **Medical Card: Yes / No** | **Card No:** | | **Expiry Date:** |
| **Diagnosis:** | | | |
| **Consultant Physician:** | | | |
| **Mask Type:** | **Nasal:** | | **Full:** |
| **Humidification: Yes / No** | | | |
| **Ventilator Type / Device Type:** | | | |
| **Pressure Setting:** | | | |
| **IPAP: cmH2O** | | **EPAP : cmH2O** | |
| **Mode:** | **Back-up Rate:** | | **Timed Inspiration:** |
| **Ramp Time:** | | | |
| **Prescribers Signature:**  This prescription is issued under National Drawdown Framework Agreement for Respiratory Sleep Therapy – HSE 7768 , the Resmed PEI Device and Managed Care Service Package best meets the clinical, domestic and personal needs of the individual service user. | | | |
| **Print Name:** | | **Date:** | |
| **Comments:** | | | |
| **Fax to: Customer Care**  **ResMed PEI,**  **M50 Business Park,**  **Ballymount Road Upper,**  **Ballymount, D. 12.** | | **Fax No.: +353 1 419 6999**  **Tel. No.:  +353 1 419 6900 or 1800 734000** | |