

## CAMP MILLHOUSE CPAP/BIPAP ORDER SHEET

Name:(First)	(Last)	
Camper uses CPAPBIPAP	CPAP/BIPAP BEGAN	
CPAP/BIPAP is to be used: only overnight: YES NO daytime naps YES NO		
CPAP/BIPAP necessary due to the following diagnosis:		
SETTING ON MACHINE		
CPAP: IPAPCM H2O	LAST REVIEWED/ADJUS	TED
BIPAP: IPAPCM H2O		
HEATED HUMIDIFER: YES NO		
OXYGEN: YESLPM OR	%FIO2 NO	
CONTACT INFORMATION FOR CPAP/BIPAP PROVIDER		
Home Health Agency/Provider of Equipment		
Phone Number	_Contact	
Afterhours Phone Number		
Physician who ordered/monitors CPAP/BIPAP		
ADDITIONAL ORDERS/COMMENTS		
Specific directions/orders/comments not included previously on form:		
CAMPERS ARE REQUIRED TO PROVIDE ALL CPAP/BIPAP SUPPLIES: CPAP/BIPAP MACHINE, TUBING, MASK/NASAL PILLOW, GROUNDED EXTENTION CORD, AND DISTILLED WATER THAT WILL BE NEEDED DURING THE CAMP WEEK.		
▶ Physician Signature (Original physician signature required)		Date:

