



**TRANSCEND  
MEDICAL**

Going Beyond The Limits

**Transcend Medical**

**800-403-3740**

## Physician's Prescription for Mechanical Ventilation

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

☐ HCPCS Code: E0466 Home Ventilator, Non- Invasive

P r o f i l e  1	<b>Ventilation Mode:</b> <input type="checkbox"/> Volume <input type="checkbox"/> Pressure <input type="checkbox"/> HFNT <b>Flow Rate:</b> _____
	<b>Breath Mode</b> <input type="checkbox"/> Support <input type="checkbox"/> Assist Control <input type="checkbox"/> SIMV <input type="checkbox"/> MPV
	<b>Auto-E-Pap</b> <input type="checkbox"/> <b>Settings</b> <b>Pressure Limit (cmH2O):</b> _____
	Max PS (cmH2O): _____ Min PS (cmH2O): _____ Max EPAP (cmH2O): _____ Min EPAP (cmH2O): _____
	<b>Breath Rate (bpm):</b> _____ Backup Breath Rate (bpm): _____ Tidal Volume (ml): _____ HFNT (lpm): _____
	Target Volume <input type="checkbox"/> (only available in applicable mode)
	Target Volume (ml) _____ Max Pressure (cmH2O): _____ Min Pressure (cmH2O): _____
	PS Min (cmH2O): _____ Pressure Support (cmH2O): _____ Peep (cmH2O): _____ Cpap (cmH2O): _____ Sigh
	Breath: <input type="checkbox"/> (only available in applicable mode) Sigh Rate: _____ Sigh % of Volume or Pressure _____
	O2 (lpm): _____ <input type="checkbox"/> Titrate Rise Time, Insp. Trigger and Exp. Trigger for Patient Comfort
P r o f i l e  2	+/- 100 ml volume adjustments (if needed) <input type="checkbox"/> Add Home Adjustments <input type="checkbox"/>
	<b>Ventilation Mode:</b> <input type="checkbox"/> Volume <input type="checkbox"/> Pressure <input type="checkbox"/> HFNT <b>Flow Rate:</b> _____
	<b>Breath Mode</b> <input type="checkbox"/> Support <input type="checkbox"/> Assist Control <input type="checkbox"/> SIMV <input type="checkbox"/> MPV
	<b>Auto-E-Pap</b> <input type="checkbox"/> <b>Settings</b> <b>Pressure Limit (cmH2O):</b> _____
	Max PS (cmH2O): _____ Min PS (cmH2O): _____ Max EPAP (cmH2O): _____ Min EPAP (cmH2O): _____
	<b>Breath Rate (bpm):</b> _____ Backup Breath Rate (bpm): _____ Tidal Volume (ml): _____ HFNT (lpm): _____
	Target Volume <input type="checkbox"/> (only available in applicable mode)
	Target Volume (ml) _____ Max Pressure (cmH2O): _____ Min Pressure (cmH2O): _____
	PS Min (cmH2O): _____ Pressure Support (cmH2O): _____ Peep (cmH2O): _____ Cpap (cmH2O): _____ Sigh
	Breath: <input type="checkbox"/> (only available in applicable mode) Sigh Rate: _____ Sigh % of Volume or Pressure _____
O2 (lpm): _____ <input type="checkbox"/> Titrate Rise Time, Insp. Trigger and Exp. Trigger for Patient Comfort	
+/- 100 ml volume adjustments (if needed) <input type="checkbox"/> Add Home Adjustments <input type="checkbox"/>	

Physician Name: \_\_\_\_\_

NPI #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_