



30 Day Mask Guarantee Program Order Form

All sections must be completed. Upon completion, please fax this form to ResMed Customer Service at **1-858-836-5583**, or email the completed form to MaskGuarantees@resmed.com.

I. Company Name: _____ Account #: _____
Address: _____
City/State/Zip: _____
Phone #: _____ Fax #: _____
Patient Identification No.: _____ Contact Name: _____
Date Mask Replaced: _____ Date of Fitting: _____
Clinician Who Fit Original Mask: _____
NOTE: Mask guarantee is for 30 days only from date of fitting. Submissions after 30 days will be denied.

II. Was the patient harmed or injured while using this mask? No Yes
Is the mask broken or does it have a quality defect? No Yes
If you have answered 'Yes' to either of these questions, do not use this form.
Instead, please call Customer Service at 1-800-424-0737 Option 1, then press 1.

III. **Reasons for return (please check all that apply):**
 Air leaks/poor seal Mouth breathing Mask does not stay in place
 Vent noise Mask too confining Mask discomfort

IV. **Select original mask placed on patient (please check appropriate box):**

<u>Nasal Pillows Systems</u>	<u>Nasal Masks</u>	<u>Full Face Masks</u>	
<input type="checkbox"/> Swift™ FX – 61500 <input type="checkbox"/> Swift™ FX Bella Gray – 61568 <input type="checkbox"/> Swift™ FX for Her – 61540 <input type="checkbox"/> Swift™ FX Bella – 61560 <input type="checkbox"/> Swift™ LT – 60560 <input type="checkbox"/> Swift™ LT for Her – 60588 <input type="checkbox"/> Mirage Swift™ II – 60512	Mirage™ FX <input type="checkbox"/> Standard – 62103 <input type="checkbox"/> Wide – 62118 Mirage™ FX for Her <input type="checkbox"/> Standard – 62128 <input type="checkbox"/> Small – 62109 Mirage™ SoftGel <input type="checkbox"/> Small – 61600 <input type="checkbox"/> Medium – 61601 <input type="checkbox"/> Large – 61602 <input type="checkbox"/> Large Wide – 61603 Mirage Activa™ LT <input type="checkbox"/> Small – 60182 <input type="checkbox"/> Medium – 60148 <input type="checkbox"/> Large – 60149 <input type="checkbox"/> Large Wide – 60150 Mirage Activa™ <input type="checkbox"/> Standard – 60100 <input type="checkbox"/> Large – 60101 <input type="checkbox"/> Shallow – 60102 ConvertAble Series <input type="checkbox"/> Small – 61604 <input type="checkbox"/> Medium – 61609 <input type="checkbox"/> Large – 61615 <input type="checkbox"/> Large Wide – 61620	Swift™ FX Nano <input type="checkbox"/> Standard - 62200 <input type="checkbox"/> Wide - 62251 Swift™ FX Nano for Her <input type="checkbox"/> Standard - 62201 Mirage Micro™ for Kids <input type="checkbox"/> Small – 61013 Mirage Micro™ <input type="checkbox"/> Small – 16333 <input type="checkbox"/> Medium / Large – 16334 <input type="checkbox"/> Large Wide / X-Large – 16335 Ultra Mirage™ II <input type="checkbox"/> Standard – 16548 <input type="checkbox"/> Large – 16549 <input type="checkbox"/> Shallow – 16550 <input type="checkbox"/> Shallow Wide – 16577 Mirage Vista™ <input type="checkbox"/> Standard – 60000 <input type="checkbox"/> Deep – 60001 Mirage Kidsta™ <input type="checkbox"/> Small – 61010 Pixi™ Pediatric Mask <input type="checkbox"/> Standard – 61030	Quattro™ Air <input type="checkbox"/> Small – 62701 <input type="checkbox"/> Medium – 62702 <input type="checkbox"/> Large – 62703 Quattro™ Air for Her <input type="checkbox"/> X-Small – 62740 <input type="checkbox"/> Small – 62741 <input type="checkbox"/> Medium – 62742 Quattro™ FX <input type="checkbox"/> Small – 61700 <input type="checkbox"/> Medium – 61701 <input type="checkbox"/> Large – 61702 Quattro™ FX for Her <input type="checkbox"/> Small - 62501 <input type="checkbox"/> Medium - 62502 Mirage Quattro™ <input type="checkbox"/> X-Small – 61200 <input type="checkbox"/> Small – 61201 <input type="checkbox"/> Medium – 61202 <input type="checkbox"/> Large – 61203 Ultra Mirage™ <input type="checkbox"/> Small Standard – 60600 <input type="checkbox"/> Small Shallow – 60601 <input type="checkbox"/> Medium Standard – 60602 <input type="checkbox"/> Medium Shallow – 60603 <input type="checkbox"/> Large Standard – 60604 <input type="checkbox"/> Large Shallow – 60605 Mirage Liberty™ <input type="checkbox"/> Small – 61300 <input type="checkbox"/> Large – 61301

V. **What mask did you provide as a replacement?**
Manufacturer: _____ Mask Name: _____ Size: _____
Please check appropriate box below regarding the status of original mask.
 Patient returned original mask to home care dealer and dealer discarded it Patient discarded it