



**TRANSCEND  
MEDICAL**

Going Beyond The Limits

# Vent CHECKLIST

- Introduction—who you are, who you’re with, what are you there for
- Ask a few questions like are you familiar with Non-Invasive THERAPY?
- What kind of problems are they experiencing? What outcome are you expecting?
- Explain what NIV does and what to expect from therapy.
- Go over machine, explain features, highlight filters, modem, settings, ramp button , humidifier, heated circuits etc.
- Go over the interface—the types available, how to clean and when to replace.
- How to clean equipment and why?
- Explain warranty, PAMS program, emergency—after hours, how to contact, email, phone, patient portal and how insurance pays
- Make sure equipment has appropriate labels/stickers with number on it—also on sales order list manufacturer, model and serial number—
- Double check correct vent settings and list on delivery ticket, include vent checkout with delivery ticket

AVAP AE \_\_\_\_\_ Rate \_\_\_\_\_ Target TV \_\_\_\_\_ Max Pressure \_\_\_\_\_ EPAP Min \_\_\_\_\_

EPAP Max \_\_\_\_\_ PS Min \_\_\_\_\_ PS Max \_\_\_\_\_ Heated Humidifier \_\_\_\_\_

Any Other Notes like is O2 bled in etc. \_\_\_\_\_

**WARNING: If you change insurance before your item or items has been purchased you will be responsible for the balance of the bill - Initial here \_\_\_\_\_**

Signed by \_\_\_\_\_ Printed Name \_\_\_\_\_ Date : \_\_\_\_\_

Tech Printed \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Thank You for Choosing US*