INDIVIDUAL: Joseph Jones SAMPLE

CPAP MACHINE: PHILLIPS RESPIRONICS DREAM STATION with NUANCE PILLOWS MASK

SUPPLIER: ACME Home Care

Primary Contact: Matthew 800.555.5555 x12784

Area office: 444.111.1111

ORDERING PHYSICIAN: Dr. James Doctor

DEVICE NAME/ORDER: Auto CPAP 4-10cm H2O

2 YEAR WARRANTY AS OF 12/4/2017. DEVICE REPLACEMENT EVERY 5 YEARS.

PARTS REPLCEMENT SCHEDULE 2018:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **JANUARY** | **FEBRUARY** | **MARCH** | **APRIL** | **MAY** | **JUNE** | **JULY** | **AUGUST** | **SEPTEMBER** | **OCTOBER** | **NOVEMBER** | **DECEMBER** |
| **MASK** |  |  | **REPLACE** |  |  | **REPLACE** |  |  | **REPLACE** |  |  | **REPLACE** |
| **STAFF**  **INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **PILLOWS**  **REPLACEMENT**  **CUSHION** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** |
| **STAFF INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **HEADGEAR** |  |  |  |  |  | **REPLACE** |  |  |  |  |  | **REPLACE** |
| **STAFF INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **TUBING** |  |  | **REPLACE** |  |  | **REPLACE** |  |  | **REPLACE** |  |  | **REPLACE** |
| **STAFF INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **FILTER**  **(DISPOSABLE)** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** | **2/MTH** |
| **STAFF INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |
| **WATER**  **CHAMBER** |  |  |  |  |  | **REPLACE** |  |  |  |  |  | **REPLACE** |
| **STAFF INITIALS:** |  |  |  |  |  |  |  |  |  |  |  |  |