CPAP Prescription

Wesley Pulmonary and Sleep Services
Dr John Feenstra

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Patient name _____

Date of birth _____

Address _____

_____

Daytime phone number/mobile _____

CPAP Pressure

☐ Fixed pressure device

☐ Other pressure range

Mask Type

☐ Nasal ☐ Full Face ☐ Oral

Details

	Mask Brand	Mask Name	Size Cushion
Resmed			
Respironics			
Fisher & Paykel			
Other			

Chinstrap required Yes No

Humidification required Yes No

Additional Instructions