Order Information:

Procedure:	Department:	Signature Date:
DME C-PAP OR AUTO C-PAP [150880]	**MG PULMONOLOGY FAIROAK [106341006]**	**9/03/2025**

Authorizing:	Order Type:
VAID, AMIT R [36324]	General Supply [2]

Patient Information:

Name:	WOMACK,TONY NEIL	**Date of Birth:**	7/22/1962 (63 years)
Legal Sex:	Male	**Phone:**	703-328-1929
SSN:	xxx-xx-xxxx	**Address:**	1466 Hampton Hill Cir
Patient ID:	00841203		MCLEAN VA 22101

Department

Name	Address	Phone	Fax
Inova Pulmonology - Fair Oaks	3620 Joseph Siewick Drive Suite 406 Fairfax VA 22033-1757	703-641-8616	571-665-6942

Primary Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
AETNA	AETNA HMO POS		046605604600001	

Primary Subscriber

Subscriber ID	Subscriber Name	Subscriber Address
W259119939	WOMACK,TONY NEIL	1466 Hampton Hill Cir MCLEAN, VA 22101

Associated Diagnoses

Obstructive sleep apnea **[G47.33]** - Primary

Insomnia **[G47.09]**

Order Summary

Qty-1, External

Comments

Sleep study performed at INOVA on: 6/11/2025

Order Questions

Question	Answer	Comment
Type:	**Auto**	AutoCPAP 5-20cmH2O
Estimated Length of Need:	**99 months**	
Additional supplies needed:	**Replacement Nasal Cusion**	
	Nasal Applicaton Device	
	Tubing with Heating Element	
	Heated Humidifer Used with PAP	
	Water Chamber, Humidifier, PHP	

Question	Answer	Comment
	Pos Airway Pressure Headgear	
	Pos Airway Pressure Chinstrap	
	Pos Airway Pressure Tubing	
	Pos Airway Pressure Filter	
	Replacement Nasal Pillow	
Prognosis:	Good	
AHI	12.3	
Prescribe Settings for Device and Mask:	AutoCPAP 5-20cmH2O with nasal mask	

Priority and Order Details

Priority	Class
Routine	External

Electronically signed by: Vaid, Amit R, MD *Lic #* < Not on File > *NPI:* 1558314658