technology for living
Provincial Respiratory Outreach Program • prop@technologyforliving.org • 1.866.326.1245
Technology for Independent Living Program • til@technologyforliving.org • 604.326.0175

PROP Secondary Prescription Request for Mouthpiece Ventilation

Please fill out this form if your patient is already a PROP Member
INCOMPLETE PRESCRIPTIONS WILL NOT BE FUFILLED

Please note: PROP is a non-profit organization providing health services in the home. We are delivering services with no user cost and distributing limited resources on a provincial level

Patient Name_____ **DOB**_____

- Does your patient have any barriers to mouthpiece ventilation? Yes _____ No _____

  I.E.; impaired cognition, chronic gastric distention, significant bulbar weakness

- Is your patient currently compliant (>4 hrs of use/day) with mask NIV? Yes_____ No _____

- MPV Settings: As tolerated: _____

  As specified: _____

- Current mobility aides being used by member:

  Electric Wheelchair _____
  Manual Wheelchair_____
  Walker_____
  Other_____

Respirologist **(Print Name)** _____

Signature _____**Date** _____

PLEASE **FAX** COMPLETED PRESCRIPTION TO: **604-326-0176**