

Name: \_\_\_\_\_ Last 4: \_\_\_\_\_

1. If you know the **Manufacturer, Model (Catalogue #)** and **Size** of your CPAP/BiPAP mask, please write that on the line provided. This information is located on the original packaging for your mask.

Make	Model	Size
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2. Please indicate the model number of your CPAP/BiPAP machine (locate on the underside of your machine) \_\_\_\_\_

**Note: if you answered numbers (1) and (2) completely, you do not need to respond to any other sections on this form. Otherwise, please proceed to numbers (3) through (9).**

3. Mask Manufacturer

- Respronics
- Resmed
- Fisher-Paykel
- Other: \_\_\_\_\_
- I don't know

4. Mask Style

- Full Face (cushion covers both nose and mouth)
- Nasal (cushion covers nose only)
- Pillows (cushions set just inside the nares)
- Hybrid (Pillows and a cushion around the mouth)
- Other: \_\_\_\_\_

5. Mask Size

- Petite
- Extra Small (XS)
- Small (S)
- Medium (M)
- Large (L)
- Extra Large (XL)
- Standard (ST)
- Wide (W)
- Other: \_\_\_\_\_

6. Does your mask have a plate that adjusts at the forehead?

- Yes                       No

7. Please note any identifiable features about your mask such as "gel cushion", color of cushion, color on plastic shell, etc., or any **words or numbers on the shell or cushion**.

\_\_\_\_\_

8.  I am no longer using my CPAP/BiPAP therapy.

**Thank you for your assistance. Please return this form to the ECHCS Sleep Lab.**