



Dynaris Apogee® Prescription – Primary Headache Disorders

To order the Apogee® Dynamic Oxygen Delivery System for migraine and headache treatment, please complete the form below and fax to: **(636) 778-1050**

Patient Information

Patient's Name: _____

Date of Birth: _____

Phone #: _____

Address: _____

Diagnosis: (check one)

Migraine

Cluster Headache

Tension-Type Headache (TTH)

Other: _____

Prescription Information

Substitutions, including concentrators, are not permitted.

Concentrator gas may contain residual nitrogen and argon, resulting in lower and variable delivered oxygen concentrations compared to compressed medical oxygen. These gas composition differences may impair effective oxygen delivery at the alveolar level and are not clinically effective for headache treatment.

Apogee® Dynamic Delivery Setting:

Titrate based on symptom relief

Setting 1 (Low stimulus)

Setting 2 (Moderate-low stimulus)

Setting 3 (Moderate stimulus)

Setting 4 (High stimulus)

Frequency of Use:

As needed at onset of headache

As prescribed: _____

Portable Oxygen Cylinder Size:

M-6 (B) M-24 (E)

Other: _____

Additional Notes/Instructions:

Physician Information

Physician's Name: _____

Signature: _____

Date: _____

NPI #: _____

Office #: _____

Fax #: _____



Office: (636) 778-1926
Fax: (636) 778-1050



info@dynaris.com
www.dynaris.com



743 Spirit 40 Park Drive, Suite 108
Chesterfield, MO 63005



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Patient Information

Patient's Name: _____ **Diagnosis:** (check one)
Date of Birth: _____ Migraine
Phone #: _____ Cluster Headache
Address: _____ Tension-Type Headache (TTH)
 Other: _____

Prescription Information

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Concentrator gas may contain residual nitrogen and argon, resulting in lower and variable delivered oxygen concentrations compared to compressed medical oxygen. These gas composition differences may impair effective oxygen delivery at the alveolar level and are not clinically effective for headache treatment.

Apogee® Dynamic Delivery Setting:
 Titrate based on symptom relief
 Setting 1 (Low stimulus)
 Setting 2 (Moderate-low stimulus)
 Setting 3 (Moderate stimulus)
 Setting 4 (High stimulus)

Frequency of Use:
 As needed at onset of headache
 As prescribed: _____

Portable Oxygen Cylinder Size:
 M-6 (B) M-24 (E)
 Other: _____

Additional Notes/Instructions:

Physician Information

Physician's Name: _____ **Signature:** _____
Date: _____ **NPI #:** _____
Office #: _____ **Fax #:** _____

Physicians should choose **one** diagnosis.

For best results, prescribe **“As needed at onset of headache”** — most patients experience relief in **3–20 minutes** when used earlier in the episode.

Most patients prefer an **M-6** for portability and compatibility with our ambulatory bag. For stationary, repeat-use therapy, **M-24** may be more suitable.

We recommend **“Titrate based on symptom relief”** so the patient can adjust for comfort. **Setting 1, 2, or 3** is often sufficient for rapid relief.

This information allows Dynaris and the oxygen supplier to begin fulfilling the prescription without delays.

Completed prescription forms should be **faxed** to Dynaris and an appropriate oxygen cylinder provider.



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