



AirCurve™ 10

CS PACEWAVE

Patient name
(please print)

DOB

ASV therapy settings

(pressure range of 4-25cm/H₂O)



Mode ☐ ASV ☐ ASV Auto

EPAP _____ cm/H₂O Min. EPAP _____ cm/H₂O Max. EPAP _____ cm/H₂O

Min. PS _____ cm/H₂O Max. PS _____ cm/H₂O

Mask ☐ Full face ☐ Nasal ☐ Pillows ☐ Other - Please specify: _____

Ramp ☐ Off ☐ On Specified Time _____ min Start EPAP _____ cm/H₂O Default is 4cm/H₂O

Note: Ramp can be set between 5-45mins in increments of 5mins

Does the patient use supplemental oxygen with their device ☐ No ☐ Yes _____ L/min

Note: the maximum supplemental oxygen flow into this device in S or ST mode is 15 L/min