



Trilogy 200™: Mode T (Passive Circuit)

Date (M/D/Y): _____

Client Name: _____

Client D.O.B (M/D/Y): _____

Client Address: _____

Serial Number: _____

Clinician Name:(print): _____ Clinician Signature: _____

Dual Prescription: On/Off Primary Setting Secondary Setting

Circuit Type: **Passive**

IPAP _____

EPAP _____

Breath Rate _____

Insp Time _____

Rise Time _____

Ramp Length _____

Nebulizer Enabled _____

Circuit Disconnect Alarm _____

Low Vte Alarm _____

High Vte Alarm _____

Low MV Alarm _____

High MV Alarm _____

Low RR Alarm _____

High RR Alarm _____