

Respiratory Medication Prescription

Referring Company _____

PATIENT INFORMATION

PHYSICIAN INFORMATION

Patient Name _____

Physician Name _____

Address _____

Address _____

City, State Zip _____

City, State Zip _____

Home Phone _____

Phone _____

Alternate Phone _____

Fax _____

Date of Birth _____ Gender _____

UPIN / NPI _____ / _____

Social Security # _____

Nurse/Contact Person _____

INSURANCE INFORMATION

Name of Insured _____

Primary: _____ Policy# _____ Group# _____ Phone _____

Secondary: _____ Policy# _____ Group# _____ Phone _____

DIAGNOSIS:

____ 496 (COPD) ____ 493 (Asthma) ____ 491.9 (Chronic Bronchitis) ____ 492.8 (Emphysema) ____ 494 (Bronchiectasis) ____ Other _____

MEDICATION (Please Check Prescribed Meds)

FREQUENCY/DIRECTIONS (Please Check Frequency of Dosage)

- Gen. DuoNeb (Ipr 0.02% 0.5mg/Alb 0.083% 2.5mg/3.0ml) ____ QID(#120) four daily ____ TID(#90) three daily ____ BID(#60) twice daily ____ Other _____
- Albuterol 0.083% 2.5mg/3.0ml ____ QID(#120) four daily ____ TID(#90) three daily ____ BID(#60) twice daily ____ Other _____
- Ipratropium 0.02% 0.5mg/2.5ml ____ QID(#120) four daily ____ TID(#90) three daily ____ BID(#60) twice daily ____ Other _____
- Budesonide 0.25mg/2ml ____ BID(#60) twice daily ____ QD(#30) once daily
- Brovana 15mcg/2ml ____ BID(#60) twice daily ____ QD(#30) once daily
- Perforomist 20mcg/2ml ____ BID(#60) twice daily ____ QD(#30) once daily
- Other _____

I prescribe the following Nebulizer supplies, and have marked out the items, I am not prescribing.:

Disp. Neb Kit 2/mo(A7003); Disp. Neb Cup 2/mo(A7004); Reusable Neb Kit 1/6mo (A7005);

Trach Mask 1/mo(A7525); Mask 1/mo(A7015); Disp. Filter 2/mo(A7013); Non Disp. Filter 1/3mo(A7013)

➔ Refills: ____ 1 year ____ 6 ____ 3 ____ Other ____

➔ Circle Quantity - 90 days 30 days

E0570 Nebulizer(Compressor) E0571 Portable AC/DC (Compressor) Length of need 99 months (99= lifetime)

*Medicare Part B coverage allows for a monthly prescription of 2 doses of Brovana or Perforomist per day. In addition, Medicare Part B also allows for a prescription of 31 doses of a nebulized short-acting beta-agonist per month as a rescue/supplemental medication when Brovana or Perforomist is prescribed. Note that this coverage determination does not affect metered-dose inhaler (MDI) SABAs (Medicare Part D benefit) or nebulized ipratropium bromide (Medicare Part B benefit).

MD/DO/NP/PA Signature (Required)

X _____

Product Selection Permitted

Start Date

Dispense as written