



DASCO HOME MEDICAL EQUIPMENT QUICK SCRIPT



Our family serving yours since 1987

Patient Name: _____ Phone/Cell # _____ DOB: _____

Address: _____ Ins # _____ Ht _____ Wt _____

Diagnosis: _____ ICD-10: _____

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Date prescribed: ____ / ____ / ____ LON if less than a lifetime : _____ (1-99, 99= lifetime)

Medicare Additional Documentation: Face to Face Evaluation Oximetry Results

Copy of demographic information? Yes No

Copy of insurance information? Yes No

Oxygen (& related supplies)

PAP Machines

**Please attach documentation from the physician's record of a face-to-face evaluation of the patient **

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____ lpm continuous (or) ____ hpd via nasal cannula

O2 Sat: _____ % rest/room air sleeping

O2 Sat: _____ % with exertion

O2 Sat: _____ % with exertion on Oxygen

Date of Test: ____ / ____ / ____ By: _____

Portable Oxygen:

Regulator & Tanks

Conserving Device & Mini Tanks

Cpap _____ cmh2o Bipap ____ / ____ cmh2o
 Heated Humidifier O2 Bleed In

Unless otherwise indicated below a **Nasal Mask** (up to 1 per 3 mos) **w/ replacement cushions/pillows** (up to 2 per mo) is prescribed

Combination Oral/Nasal mask (up to 1 per 6 mos) with Replacement oral cushion & pillow (up to 2 per mo)

Full Face Mask (up to 1 per 3 mos) with replacement face mask interface (up to 1 per mo)

Filters (disposable up to 2 per mo~non-disposable up to 1 per 6 mos)

Headgear (up to 1 per 6 mos) Tubing (up to 1 per 3 mos)

Chin Strap (up to 1 per 6 mos) Water Chamber (up to 1 per 6 mos)

Pulse Oximetry & Sleep Screenings Services

Ambulation Devices

Spot Check Sleep Screening Questionnaire

Overnight Oximetry Home Sleep Test

Medicare 3 part testing

Nebulizer (including disposable kits up to 4 per month, non-disposable kits up to 1 per month 6 months and filters up to 2 per month)

Physician's Orders: Enroll in the Breathe Easy Program which includes the following and will be completed every 5 months as long as the patient remains on DASCO's nebulizer and/or nebulizer supply service or the patient begins oxygen therapy.

• Overnight Pulse Oximetry Testing

• Patient Education (including but not limited to): COPD Overview, Exercise, Nutrition, Medication, Smoking Cessation

Std Wheelchair Lightweight Wheelchair

Heavy Duty Wheelchair Elevating leg rest

20" seat 22" seat 24" seat 26" seat

Elevating leg rest Brake Extensions

Seat & back cushion Anti tippers Seat Belt

Walker Wheels Seat

Beds & Accessories

Semi-electric hospital bed Patient Lift

Trapeze Eggcrate Gel overlay APP&P

3 in 1 Commode Other:

By signing below, this validates the prescription above & indicates the patient has been informed that DASCO will contact them regarding of this referral.

X _____ / _____ / _____
Physician's Handwritten Signature Date NPI

Physician's Printed Name

Address

Phone

Phone: 614-901-2226

Toll Free: 1-800-892-4044

Fax: 614-901-2868