



# 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

Cpap \_\_\_\_\_ cmh2o  Bipap \_\_\_\_ / \_\_\_\_ cmh2o  
 Heated Humidifier  O2 Bleed In

O2 Sat: \_\_\_\_\_ %  rest/room air  sleeping

O2 Sat: \_\_\_\_\_ %  with exertion

O2 Sat: \_\_\_\_\_ %  with exertion on Oxygen

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

Date of Test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_

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)

### Portable Oxygen:

Regulator & Tanks

Conserving Device & Mini Tanks

### Pulse Oximetry & Sleep Screenings Services

### Ambulation Devices

Spot Check  Sleep Screening Questionnaire

Overnight Oximetry  Home Sleep Test

Medicare 3 part testing

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

**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

### 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: 330.602.2400

Toll Free: 1-800-892-4044

Fax: 330.602.2449