



# 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)

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

\_\_\_\_ 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

### PAP Machines

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

☐ 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

☐ 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

### Ambulation Devices

☐ 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: 740.386.5199

Toll Free: 1-800-892-4044

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