



DASCO HOME MEDICAL EQUIPMENT

QUICK SCRIPT

Our family serving yours since 1987



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

Address: _____ Ins # _____ Ht _____ Wt _____

Diagnosis: _____ ICD-10: _____

Diagnosis: _____ ICD-10: _____

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 & testing results in F2F notes or office documentation

Please select a liter flow:

____ 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 (may include):

Regulator & Tanks

Conserving Device & Mini Tanks

***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

Ambulation Devices

Spot Check

Overnight Oximetry

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 at Home 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. This program is for COPD patients who are not currently on oxygen service.

• 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 16" seat 18" seat

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 w/ gel overlay

Trapeze Eggcrate Gel overlay APP&P

3 in 1 Commode Patient Lift 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: 304.372.5393 Toll Free: 1-800-892-4044

Fax: 614.901.2868

- J44.9 – COPD
- J45.101 – Asthma
- J42 – chronic bronchitis
- J43.9 – emphysema
- J60 – black lung (coal workers, pneumoconiosis)