



# 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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**LON if less than a lifetime :** \_\_\_\_\_ (1-99, 99= lifetime)

**Required Documentation:**  Face to Face Evaluation  Oximetry Results  
 Copy of demographic information?  Yes  No  Copy of insurance information?  Yes  No

### Oxygen

**Concentrator:**

✍ **Please select a liter flow:**

\_\_\_\_\_ Lpm continuous via nasal canula  
 \_\_\_\_\_ Lpm @ night \_\_\_\_\_ LPM w/exertion

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  
 POC (may provide once patient completes POC evaluation and is determined appropriate therapy)

### Pulse Oximetry

Spot Check  Overnight Oximetry  
 O2@ \_\_\_\_\_ Lpm  On room air  Other \_\_\_\_\_  
 3 part testing (available for all insurances except Medicare)

**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 as needed for up to one year. This program is for 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

### PAP Machines

**Cpap** \_\_\_\_\_ cmh2o  **Bipap** \_\_\_\_ / \_\_\_\_ cmh2o  
 Heated Humidifier  O2 Bleed In @ \_\_\_\_\_ Lpm  
 Auto 4-20 for 30 days, then change to average CPAP pressure.

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

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

**Tubing (check one):**  **Standard** (up to 1 per 3 mos) -or-  
 **Heated** (up to 1 per 3 mos)  
 Filters (disposable up to 2 per mo--non-disposable up to 1 per 6 mos)  
 Headgear (up to 1 per 6 mos)  Chin Strap (up to 1 per 6 mos)  
 Water Chamber (up to 1 per 6 mos)

### Ambulation Devices

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**

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