



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

## Oxygen

**Concentrator:** (please enter liter flow)  
 2 Lpm via NC unless otherwise specified by ordering provider below:  
 \_\_\_\_\_ Lpm via NC  
 continuous via nasal cannula with portability  
 @ night  
 w/ exertion with portability  
 O2 Bleed in @ \_\_\_\_\_ Lpm

**Testing:** (please attach copy)  
 O2 Sat: \_\_\_\_\_ %  rest/room air  sleeping  on PAP/NIV  
 O2 Sat: \_\_\_\_\_ %  with exertion  
 O2 Sat: \_\_\_\_\_ %  with exertion on oxygen  
 Date of Test: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

**Portable Oxygen (may include):**  
 Regulator & Tanks  
 Conserving Device & Mini Tanks  
 \*For portability, office notes must indicate the patient is mobile within the home.  
 **POC (may provide once patient completes POC evaluation & is determined appropriate therapy).**

**Pulse Oximetry**  
 Spot Check  Overnight Oximetry  
 O2 @ \_\_\_\_\_ Lpm  On room air  Other \_\_\_\_\_  
 3 part testing (available for all insurances during COVID pandemic)  
 -6 MWT to include titration on O2 up to >90% sat  
 Overnight POX testing up to 6 times a year

**Breathe Easy Program**  
 Physician's Orders: Enroll in the Breathe Easy 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 with a severe chronic lung disease.  
 • Overnight Pulse Oximetry Testing up to 6 times a year  
 • Patient Education (including but not limited to): COPD Overview, Exercise, Nutrition, Medication, Smoking Cessation

**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 all of the above.

## PAP Machines

**CPAP** \_\_\_\_\_ cmh2o  **BiPAP** \_\_\_\_ / \_\_\_\_ cmh2o  
 \_ **BiPAP ST** \_\_\_\_/\_\_\_\_ RR: \_\_\_\_  
 \_ **Auto ASV:** Min EPAP \_\_\_\_ Max EPAP \_\_\_\_  
 Min PS \_\_\_\_ Max PS \_\_\_\_ BR: Auto  
 O2 Bleed In @ \_\_\_\_\_ Lpm  Heated Humidifier  
 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

Wheelchair (including anti-tippers & heel loops):  
 • Standard  Lightweight  Heavy Duty  
 Seat Width:  16"  18"  20"  22"  24"  26"  
 Elevating leg rests  Brake Extensions  
 Seat & back cushion  Seat Belt  
 Wheeled Walker

## Beds & Accessories

Semi-electric hospital bed w/ gel overlay  
 Trapeze  Gel overlay  APP&P  
 3 in 1 Commode  Other: \_\_\_\_\_

## Continuous Glucose Monitors

\_\_\_ FreeStyle Libre 2 Sensors (check one): \_\_\_ 1 Unit (30 day supply) or 30units  
 \_\_\_ FreeStyle Libre 2 Reader \_\_\_ 3 Units (90 day supply) or 90 units  
 \_\_\_ FreeStyle Libre 3 Sensors\* (check one): \_\_\_ 1 Unit (30 day supply) or 30units  
 \*Non-Medicare patients only \_\_\_ 3 Units (90 day supply) or 90 units  
 \_\_\_ GEMCORE360 Transparent Thin Film Dressing - Bag of 10  
 If patient receives test strips & lancets monthly, please note the date of the last  
 order (if applicable): \_\_\_\_\_

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

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Physician's Handwritten Signature Date NPI

\_\_\_\_\_  
 Physician's Printed Name Address Phone

**Toll Free Phone: 800.892.4044 Fax: 800.979.1956**