

ROTECH

2545 PERRYTON PKWY

PAMPA TX, 79065

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ORDER FORM



575-149324202

Pt. Name: YOAKUM, CHADWICK

DOB: 01/17/1975

Gender: ☒ Male ☐ Female

Date: 06/17/2020

Address: 106 Elm

City: Skellytown

State: TX ZIP: 79080

Estimated LON: 99 Months (lifetime) OR

Face-to-Face Needs Assessment Date:

Diagnosis:

- ☐ ALS (G12.21) ☐ Chronic Bronchitis (J41.0) ☐ Hypoxemia (R09.02) Other: _____
☐ Asthma, Extrinsic (J45.20) ☐ COPD (J44.9) ☐ Lung Cancer (C34.90) Other: _____
☐ Asthma (J45._____) ☐ CVA (I63.50) ☒ OSA (G47.33) Other: _____
☐ Central Sleep Apnea (G47.31) ☐ Emphysema (J43.9) ☐ Pulmonary Fibrosis (J84.10) Other: _____
☐ CHF (I50.9) ☐ Hypoventilation Syndrome (G47.35) ☐ Resp Failure, Unspecified (J96.00) Secondary Dx: _____

RESPIRATORY EQUIPMENT

Dosing Instructions:

- ☐ O₂ Concentrator (E1390) OR LPM via Nasal Cannula OR ☐ Mask OR ☐ PAP Device OR Invasive Vent
☐ O₂ Portable Gaseous System (E0431) Continuous OR ☐ Exercise/Exertion OR ☐ Hours of Sleep Only
 (incl oxygen contents) OR ☐ Conserving Device

- ☐ Nebulizer Compressor (E0570) w/ disp filter (2 per 1 mo) and reusable filter (1 per 3 mos) (if app) & w/disp admin set (2 per 1 month) + neb set (2 per 1 mo)
 OR w/ ☐ Mask (1 per 1 mo) + Neb Set (2 per 1 mo); OR w/ ☐ Reusable Admin Set (1 per 6 mos). Medication Used in Nebulizer: _____

SLEEP THERAPY

- ☐ CPAP w/Modem (E0601): _____ cmH₂O Ramp set to patient comfort on any
☐ Auto CPAP w/Modem (E0601): Min: _____ cmH₂O Max: _____ cmH₂O PAP device unless otherwise ordered: _____
☐ BiPAP w/Modem (E0470): IPAP: _____ cmH₂O EPAP: _____ cmH₂O
☐ Auto BiPAP w/Modem (E0470): Max IPAP: _____ cmH₂O Min EPAP: _____ cmH₂O PS Min: _____ PS Max: _____ OR PS: _____
☐ RAD w/Backup & Modem (E0471): IPAP: _____ cmH₂O EPAP: _____ cmH₂O Backup Rate: _____
☐ ASV w/Modem (E0471): Max Press: _____ cmH₂O Max IPAP: _____ cmH₂O Min EPAP: _____ cmH₂O
 PS Min: _____ cmH₂O PS Max: _____ cmH₂O Backup Rate: _____

Mask Interface: (choose only 1 interface - substitution permitted)

- ☒ Nasal Mask (1 per 3 months) (A7034) ☐ Full Face Mask (1 per 3 months) (A7030)
 & Nasal Mask Cushion (2 per month) (A7032) & Nasal Pillow Cushion (2 pair per month) (A7033) & Full Face Mask Cushion (1 per month) (A7031)
☐ Oral Mask Interface (1 per 3 months) (A7044) ☐ Combo Oral/Nasal Mask Interface (1 per 3 months) (A7027)
 & Oral Mask Cushion (2 per month) (A7028) with Oral Cushion (2 per month) (A7028) & Nasal Pillows (2 per month) (A7029)

Accessories:

- ☐ Heated Humidifier (E0562) ☒ Standard Tubing (1 per 3 months) (A7037) ☒ Chinstrap (1 per 6 months) (A7036)
☐ Humidifier (Passover) (E0561) ☐ Heated Tubing (1 per 3 months) (A4604) ☒ Filter: Disposable (2 per month) (A7038)
☒ Humidifier Chamber (1 per 6 months) (A7046) ☒ Headgear (1 per 6 months) (A7035) ☒ Filter: Non-disposable (1 per 6 months) (A7039)

DIAGNOSTIC

- ☐ Overnight Oximetry on Room Air OR ☐ Overnight/Awake Oximetry with Overnight/Awake Exhaled Gas Collection (ETCO₂) ☐ Home Sleep Test

WHEELCHAIR & ACCESSORIES

- ☐ Standard (K0001) ☐ General Use Seat Cushion (E2601) & ☐ Heel Loops (E0951) (x2 for pair)
☐ Lightweight (K0003)* ☐ Back Cushion (E2611) ≤22" wide ☐ Wheel Lock Extensions (E0961) (x2 for pair)
☐ Extra Heavy-Duty (K0007)* ☐ General Use Seat Cushion (E2602) & ☐ Anti-tippers (E0971) (x2 for pair)
☐ Back Cushion (E2612) >22" wide ☐ Safety Belt (E0978)
☐ Elevating Leg Rests (pair) (K0195)

*unable to self-propel in standard wheelchair

HOSPITAL BED & ACCESSORIES

- ☐ Semi-Electric¹ (E0261) ☐ Other: _____ ☐ Trapeze (free standing) (E0940)
 w/Therapeutic Foam Mattress (E0184) ☐ Patient Lift (E0630)

¹In addition to meeting fixed height bed criteria, patient's medical record must document condition requires frequent and/or immediate changes in body position.

AMBULATORY AIDS

- ☐ Walker (Folding) (E0135) ☐ Walker (w/Wheels + Seat) (E0143 + E0156) ☐ Walker (Heavy Duty) (E0148)
☐ Walker (Folding w/ Wheels) (E0143) ☐ Walker (Heavy Duty w/Brakes)² (E0147) ☐ Bedside Commode (E0163)

²Must have a second qualifying diagnosis other than obesity

OTHER EQUIPMENT

ATTACH THE FOLLOWING

(AS APPLICABLE)

- ☐ Test Results (Oximetry, ABG, Sleep Study) ☐ Physician's Notes (from medical record documenting face-to-face needs assessment and expected benefit from equipment ordered above; physician must sign and date notes)
☐ Patient Demographics Sheet and Insurance Card

PRESCRIBER INFORMATION

Name: LUKNER, RALF

NPI: 1053607507

Phone: (806) 329-3050

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Address: 2545 Perryton Pkwy Suite 3132

City: Pampa

State: TX Zip: 79065

Prescribed By Signature:

Date: 7-16-20