Physician Order Form - Nebulizer Supplies

Ordering Physician	Physician's Address	Supplier Information
_____	_____	**XYZ Medical Supply**
_____	_____	123 Healthcare St, Suite 200
_____	_____	Medical City, CA 90210
Phone _____		**Fax:** 888-123-4567
Fax _____		**Call:** 800-555-1234

Patient Name: _____
Patient DOB: _____

Diagnosis:

- ☐ ☒ Chronic Obstructive Pulmonary Disease (COPD) (J44.9)
- ☐ ☐ Asthma (J45.909)
- ☐ ☐ Other: _____

Nebulizer Type:

Nebulizer Type	Frequency/Instructions
☒ Compressor Nebulizer (E0570)	_____ times/day
☐ Ultrasonic Nebulizer (E0575)	_____ times/day

Medication:

Medication Type	Dosage
☒ Albuterol (J7620)	_____ mg/mL
☐ Ipratropium (J7644)	_____ mg/mL
☐ Other: _____	_____ mg/mL

Supplies:

- ☐ ☒ Nebulizer Kit (A7005)
- ☐ ☐ Mouthpiece (A7015)
- ☐ ☐ Tubing (A7011)
- ☐ ☐ Filters (A7013)
- ☐ ☐ Other: _____

The following items are necessary for the proper use of the Nebulizer:

Nebulizer (E0570)	**Mouthpiece (A7015)**
Nebulizer Kit (A7005)	**Filters (A7013)**
Tubing (A7011)	**Carrying Case (A7012)**

Physician's Signature: _____
NPI: _____
License: _____
Date: _____

Please Fax To: 1-888-123-4567