

Smith's Drugs of Forest City

139 East Main Street
Forest City, NC 28043
(828) 245-4591 Fax: (828) 245-1793

Nebulizer Medication

Patient Name: _____ **DOB:** _____
Address: _____ **Phone #:** _____



Date of Order: ____/____/____ **Length of Need:** _____

Diagnosis (list all): 1) _____ 2) _____ 3) _____
(Include ICD-10 Code: , examples COPD, Emphysema, Asthma)



Albuterol 2.5 mg _____ **Ipratropium Bromide 0.02%** _____

Duoneb (Albuterol / Ipratropium) _____ **Other** _____

Dosage / Route of Administration: _____

Quantity to be dispensed: _____

Number of refills: _____

In Addition:

Please fax over all supporting face to face Dr notes

Provider Name:	Smith's Drugs of Forest City	Physician:	_____
Address:	139 East Main Street Forest City, NC 28043	Address:	_____ _____
Phone:	828-245-4591	Phone:	_____ _____
Fax:	828-245-1793	Fax:	_____ _____
NPI:	1437171949	NPI:	_____ _____

Physician's Signature: _____ **Date:** _____