

DETAILED WRITTEN ORDER

PATIENT : _____ DOB: _____

START DATE IF OTHER THAN DATE SIGNED _____ LENGTH OF NEED – 12 months

ICD-10 DIAGNOSIS CODE _____

PROCEDURE CODE: E0570,A7003,A7015

ITEM TO BE DISPENSED:

E0570 nebulizer compressor X 1 unit

A7003 nebulizer kit X 1 unit X _____ refills

A7015 aerosol mask X 1unit X _____ refills

PHYSICIANS SIGNATURE _____

DATE _____

PHYSICIAN PRINTED NAME_: _____

NPI _____

FAX BACK to 205-648-9644

205-648-9918 Ken Glover Drug

KG06/20

