



A RAY OF LIGHT BECOMES A RAY OF HOPE

Patient Name: _____ DOB: _____ SS #: _____
 Sex: _____ Phone: _____ HT: _____ WT: _____ Parent Guardian: _____
 Street: _____ City: _____ State: _____ ZIP: _____
 1st Insurance: _____ Policy #: _____ Group #: _____ Phone: _____
 2nd Insurance: _____ Policy #: _____ Group #: _____ Phone: _____
 Ordering Physician: _____ Phone: _____ NPI: _____

Nebulizer Medication: _____ (or generic equivalent) Frequency: _____ Refills: _____

Does patient have sample Nebulizer Medication? Yes No

DIAGNOSIS: _____ Length of Need: 99

<input type="checkbox"/> NEBULIZER COMPRESSOR E0570 OR E0575/A7005/A7013/A9901	<input type="checkbox"/> APNEA MONITOR A4556/A4557/E0618/E0619/A9901
TYPE PLEASE CIRCLE: PENGUIN/RACE CAR/STICKER	ALARM SETTING: 230 OR 80 OR 20
<u>ICD 9 CODES</u>	<u>QUALIFYING EXAMPLES</u>
466.19 ACUTE BRONCHIOLITIS	496 COPD
493.9 ASTHMA	327.23 SLEEP APNEA
491 CHRONIC BRONCHITIS	786.03 APNEA
486 PNEUMONIA	0.33-033.9 WHOOPING COUGH
<input type="checkbox"/> PEAK FLOW METER S8096/A9901	765.00-765.19 PREMATURE INFANTS
<input type="checkbox"/> INCENTIVE SPIROMETER A9284/A9901	769 RESPIRATORY DISTRESS
<input type="checkbox"/> SPACER W MASK S8100/A9901	770.0-770.89 OTHER RESP COND OF FETUS
<input type="checkbox"/> BILIBLANKET PHOTOTHERAPY E0202/E0691/S9098/A9901	
BILIRUBIN LEVEL:	
<u>ICD 9 CODES</u>	<u>QUALIFYING EXAMPLES</u>
774.6	JAUNDICE

Physician's Signature: (Attach Physician Orders) _____ Date: _____

FAX ORDERS TOLL FREE TO: 1.800.249.1513

(Emergency Orders please call 888.345.1780)

Contact our Pediatric Care Coordinator Adam Stark at 888.345.1780 or at Adam.Stark@AeroflowInc.com