

DASCO HOME MEDICAL EQUIPMENT QUICK SCRIPT



Our family serving yours since 1987

Patient Name:	Phone/Cell #	D(OB:
Address:	Ins #	Ht	Wt
Diagnosis:	ICD-10:		
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LON if less than a lifetime : (1-99, 99=	: lifetime)		
Required Documentation: □ Face to Face Evaluation □ Copy of demographic information? □ Yes □ No	-	formation? 🗆 Ye	es 🗆 No
Oxygen	PAP Machines		
Concentrator:	□ Cpap cmh2o	□ Bipap _	/ cmh2o
✓ Please select a liter flow: Lpm continuous via nasal canula	 ☑ Heated Humidifier □ O2 Bleed In @ Lpm □ Auto 4-20 for 30 days, then change to average CPAP pressure. Unless otherwise indicated below a Nasal Mask (up to 1 per 3 mos) w/ replacement cushions/pillows (up to 2 per mo) is prescribed □ Full Face Mask (up to 1 per 3 mos) with replacement face mask interface (up to 1 per mo) 		
Lpm @ nightLPM w/exertion O2 Sat: % □ rest/room air □ sleeping			
O2 Sat: % □ with exertion O2 Sat: % □ with exertion on Oxygen			
Date of Test: / By:	Tubing <i>(check one):</i> □ S	tandard (up to 1 p	per 3 mos) -or-
 □ Portable Oxygen (may include): Regulator & Tanks Conserving Device & Mini Tanks □ POC (may provide once patient completes POC evaluation and is determined appropriate therapy) 	☐ H ☑ Filters (disposable up to 2 per r ☑ Headgear (up to 1 per 6 mos) ☑ Water Chamber (up to 1 per	☑ Chin Strap	to 1 per 6 mos)
Pulse Oximetry	Ambulation Devices		
□ Spot Check □ Overnight Oximetry □ O2@Lpm □ On room air □ Other □ 3 part testing (available for all insurances except Medicare)	□ Std Wheelchair □ Lightweight Wheelchair □ Heavy Duty Wheelchair □ 16" seat □ 18" seat □ 20" seat □ 22" seat □ 24" seat □ 26" seat		eelchair □ 18" seat
□ Nebulizer (including disposable kits up to 4 per month, non-			
disposable kits up to 1 per month 6 months and filters up to 2 per month)	□ Elevating leg rest□ Brake Extensions□ Seat & back cushion□ Anti tippers□ Seat Belt		
☑ Physician's Orders: Enroll in the Breathe at Home Program	□ Walker □ Wheels □ Seat		
which includes the following and will be completed as needed for up to one year. This program is for patients who are not currently	Beds & Accessories		
on oxygen service.	□ Semi-electric hospital bed w/ gel overlay		
Overnight Pulse Oximetry Testing	□ Trapeze □ Eggcrate □ Gel overlay □ APP&P		
 Patient Education (including but not limited to): COPD Overview, Exercise, Nutrition, Medication, Smoking Cessation 	□ 3 in 1 Commode □ Patient Lift □ Other:		
By signing below, this validates the prescription above & indicates the pa	tient has been informed that DASCO	O will contact them	regarding of this referral.
X	//////		NPI
Physician's Printed Name	Addross		Phone

Phone: 937.836.4162 Toll Free: 1-800-892-4044 Fax: 937.836.4164