One Source MEDICAL GROUP

One Source Medical Group
13910 Lynmar Blvd. Tampa, FL 33626
5626 Randolph, Ste. 2 San Antonio, TX 78233

PHYSICIAN'S ORDER FOR NEBULIZER EQUIP/RESPIRATORY SUPPLIES

Member Name **Phone #**
Address **DOB**

City, State, Zip
PRIMARY INSURANCE **Member ID #**
SECONDARY INSURANCE **Member ID#**

DIAGNOSIS CODES:_____

Code	Description	Quantity
☐ E0570	COMPRESSOR FOR USE WITH SMALL VOLUME NEBULIZER	
☐ A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	
☐ A7015	AEROSOL MASK, USED WITH DME NEBULIZER	
☐ A7005	PARI NON-DISPOSABLE NEBULIZER	
☐ A4627	SPACER FOR USE WITH METERED DOSE INHALER ☐No Mask ☐ Small Mask ☐ Med Mask ☐ Large Mask	
☐ A4614	PEAK FLOW METER	
	OTHER:	

Medication and concentration to be used:_____

Directions & Frequency of use: _____

*******MEDICATIONS TO BE SUPPLIED BY PHARMACY************

Physician Information: My signature below denotes the member/caregiver is able to follow instructions for use of the ordered items which are designed for home use. I verify the medical necessity of these items and will provide medical records substantiating need upon request.

Printed Name: **Phone#**
Address **Fax#**
City, State, Zip **NPI#**

# of monthly refills for Nebulizer supplies: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

START DATE OF ORDER: _____

Physician Signature: _____ **Date:** _____

Fax completed order & office notes to: 1-877-490-9111
PHONE – 866-834-7473