

Standard Written Order



3440 College Street
Beaumont, TX 77701
(409) 347-0173
Fax (409) 753-0005
amsdmetx.com

PATIENT INFORMATION

Name: Phone #: DOB:

Pt Address: City: State: Zip: HT: WT:

Primary Insurance: Policy #:

Secondary Insurance: Policy #:

Diagnosis:

Length of need:

RESPIRATORY EQUIPMENT

Dosing Instructions:

O2 Concentrator (E1390) OR O2 Portable Gaseous System (E0431) (incl oxygen contents) OR: Conserving Device O2 Sat: Test Date:
LPM via Nasal Cannula OR Mask OR PAP Device OR Invasive Vent
Continuous OR Exercise/Exertion OR Hours of Sleep Only

Nebulizer Compressor (E0570) w/disp filter (2 per 1 mo) and reusable filter (1 per 3 mos) (if app) & w/disp admin set (2 per 1 month) + neb set (2 per 1 mo) OR w/ Mask (1 per 1 mo) + Neb Set (2 per 1 mo); OR w/ Reusable Admin Set (1 per 6 mos).

Medication Used in Nebulizer:

SLEEP THERAPY

CPAP (E0601): cmH2O Ramp:
CPAP (Auto) (E0601) Min: cmH2O Max: cmH2O
BIPAP (E0470): IPAP: cmH2O EPAP: cmH2O

Mask Interface: (choose only 1 interface - substitution permitted)

Nasal Mask (1 per 3 months) (A7034) Nasal Pillow Mask (1 per 3 months) (A7034) Full Face Mask (1 per 3 months) (A7030)
& Nasal Mask Cushion (2 per month) (A7032) & Nasal Pillow Cushion (2 per month) (A7033) & Full Face Mask Cushion (1 per month) (A7031)

Accessories:

Heated Humidifier (E0562) Standard Tubing (1 per 3 months) (A7037) Chin Strap (1 per 6 months) (A7036)
Humidifier Chamber (1 per 6 mos) (A7046) Heated Tubing (1 per 3 months) (A4604) Filter: Disposable (2 per month) (A703)
Headgear (1 per 6 months) (A7035) Filter: Non-disposable (1 per 6 months) (A7039)

WHEELCHAIR & ACCESSORIES

Standard (K0001) General Use Seat Cushion (E2601) & Back Cushion (E2611) <= 22" wide Heel Loops (E0951) (x2 for pair)
Lightweight (K0003)* General Use Seat Cushion (E2602) & Back Cushion (E2612) > 22" wide Wheel Lock Extensions (E0961) (x2 for pair)
Heavy Duty (K0006)* Elevating Leg Rests (pair) (K0195) Anti-tippers (E0971) (x2 for pair)
Extra Heavy-Duty (K0007)* Power wheelchair base (K0861)
*Must be able to self-propel in standard wheelchair Power wheelchair (K0823)

HOSPITAL BED & ACCESSORIES

Semi-Electric (E0260) Other: Trapeze (free standing) (E0940) Gel overlay (E0185)
w/Therapeutic Foam Mattress (E0184) Trapeze (bed attached) (E0910) Alternative Pressure Pad (E0181)
Heavy Duty (E0303) Patient Lift (E0630) Low Air Loss Mattress (E0277)
Semi-Electric Bed

*In addition to meeting fixed height bed criteria, patient's medical record must document condition requires frequent and/or immediate changes in body position.

AMBULATORY AIDS

Walker (Folding) (E0135) Walker (Heavy Duty w/Brakes) (E0147) Crutches (alum or non-wood) (pair) (E0114)
Walker (Folding w/Wheels) (E0143) Walker (Heavy Duty) (E0148) Cane (E0100)
Walker (w/Wheels+Seat) (E0143+E0156) Bedside Commode (E0163) Quad Cane (E0105)
CPM (E0935) Heavy Duty Commode (E0168)

OTHER EQUIPMENT:

PHYSICIAN INFORMATION

Name: NPI Phone: Fax:

Address: City: State: Zip:

Physician Signature: Date: