



# Pediatric Medical Supply, Inc.

2511 Browncroft Blvd., Suite 101  
Rochester, NY 14625  
Phone: 585-381-3060 Fax: 585-381-3064

From: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Nebulizer Order Form

***If immediate delivery is required, call 585-381-3060.***

Please contact Mr. / Ms. \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Patient \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Insurance ID # \_\_\_\_\_

**\*\* Medicare Primary Insurance requires additional documentation\*\***

Secondary Insurance \_\_\_\_\_ Insurance ID # \_\_\_\_\_

### Certificate of Medical Necessity

#### Diagnosis:

- Asthma/RAD J45.909   
  Bronchiolitis J21.0   
  Bronchitis-Acute J20.9   
  URI J39.9   
  Bronchitis J40   
  Bronchitis- Chronic J42   
  COPD J44.9  
 Cough R05.9   
 Croup J05.0   
 Pneumonia J18.9   
 Cystic Fibrosis E84.0   
 Wheezing R06.2   
 Shortness of Breath R06.02   
 Other: \_\_\_\_\_

#### Equipment:

- E0570 - Nebulizer Compressor: Standard or Portable
- A7005 - Reusable Nebulizer Cup with tubing
- A7015 - Mask for use with Nebulizer Cup

Length of Need: Purchase (99 months) or Rental \_\_\_\_\_ Months      # of Refills:  \_\_\_\_\_

Medication:  Albuterol \_\_\_\_\_  Pulmicort \_\_\_\_\_  Xopenex \_\_\_\_\_  Other \_\_\_\_\_

**Medical Justification:** Due to patient's diagnosis, his/her ability to breathe is impaired and requires the use of a nebulizer to administer medication treatments.

Provider Signature \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ NPI: \_\_\_\_\_

**Fax this form and demographic information to 585-381-3064 or 585-625-0425.**

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