



# DME and Respiratory Referral Form

Patient Care That Helps You Breathe Easier

New Referral

To place an order, please complete and Fax to 615-469-7596

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_ Insurance \_\_\_\_\_

Diagnosis (please list all qualifying diagnoses) \_\_\_\_\_

Length of Need \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

\*\*\*\*Fax patient demographics and insurance information with order to 615-469-7596\*\*\*\*

### Respiratory Services

- Ventilator
- Invasive
- Non-Invasive
- Trach Type & Size \_\_\_\_\_
- Mask Type & Size \_\_\_\_\_
- Nebulizer Compressor
- Non-Disposable Neb Kit
- Disposable Neb Kits
- Neb Mask
- Suction Machine
- Canisters & Tubing
- Yankauers
- Suction Catheters
- Cough Assist
- Interface Type \_\_\_\_\_
- Auto-Oscillating
- 50 psi Compressor
- Trach Masks
- Drain Bags & Corrugated Tubing
- Large Volume Nebulizers
- Oxygen \_\_\_\_\_ LPM
- Via Nasal Cannula
- Via Other \_\_\_\_\_
- Continuous
- Nocturnal
- PRN
- CPAP
- BIPAP

### Durable Medical Equipment

- Hospital Bed
- Gel Overlay
- Alternating Pressure Pad
- Low Air Loss Mattress
- Patient Lift
- Feeding Pump
- Wheelchair

Comments / Equipment Settings / Additional Orders

Please provide face-to-face notes that support medical necessity with order

Physician Name \_\_\_\_\_ Physician Signature: \_\_\_\_\_

NPI \_\_\_\_\_ Date \_\_\_\_\_

Medicare and Insurance Companies that follow Medicare guidelines require Signature and Signature Date to be completed by a PECOS enrolled MD, DO, PA, NP or CNS.