

## JONES MEDICAL EQUIPMENT

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\*\*\*ALL PHYSICIANS SCRIPTING FOR MEDICARE AND MEDICAID MUST BE PECOS CERTIFIED AND ENROLLED WITH GAMMIS. INFORMATION WILL BE VERIFIED DURING THE INTAKE PROCESS AND DENIED, IF YOU'RE NOT ENROLLED\*\*\*

### Small Volume Nebulizer

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

Insurance \_\_\_\_\_ MBI # \_\_\_\_\_

Order Date \_\_\_\_\_ End Date \_\_\_\_\_

Treating Provider \_\_\_\_\_ NPI \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### **Equipment Ordered (Circle/Check All that Apply)**

E0570 Nebulizer Compressor

A7003 Administration Set, Disposable Qty per mo. \_\_\_\_\_

A7005 Administration set, Reusable Qty per mo. \_\_\_\_\_

A7013 Nebulizer Filter Qty per mo. \_\_\_\_\_

A7015 Nebulizer Mask Qty per mo. \_\_\_\_\_

Administration Instructions \_\_\_\_\_

### **To be completed (must be signed by the ordering M.D.)**

Prognosis (circle) Fair Good Poor Length of Need \_\_\_\_\_ Months

Date of Order (RX) \_\_\_\_\_ Date of Office Visit \_\_\_\_\_

DX \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

**Please check the correct answer below:** Solution to be Administered \_\_\_\_\_

This equipment is being ordered to:

\_\_\_\_\_ Administer albuterol, arformoterol, budesonide, cromolyn, formoterol, ipratropium, levalbuterol, or metaproterenol for the management of obstructive pulmonary disease.

\_\_\_\_\_ Administer dornase alpha to a patient with cystic fibrosis

\_\_\_\_\_ Administer tobramycin to a patient with cystic fibrosis or bronchiectasis

\_\_\_\_\_ Administer pentamidine to a patient with HIV, pneumocystosis or complication of organ transplants

\_\_\_\_\_ Administer acetylcysteine for persistent thick or tenacious pulmonary secretions

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

Individually Owned and Operated