

**ALL FIELDS REQUIRED**

DATE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

PATIENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PATIENT CELL \_\_\_\_\_ PATIENT EMAIL \_\_\_\_\_

BENEFITS # \_\_\_\_\_

**DISPENSE ONE NEBULIZER AND NEBULIZER SUPPLIES (E0570)**

Basketball  Bear  Fish  NEB100-R









**DX Codes:**

J21.9 - Acute bronchiolitis, unspecified  J45.909 - Unspecified asthma, uncomplicated




J39.3 - Upper respiratory tract hypersensitivity reaction, site unsp  R06.2 - Wheezing

J45.40 - Moderate persistent asthma, uncomplicated  Other \_\_\_\_\_

PHYSICIAN NAME \_\_\_\_\_ NPI \_\_\_\_\_

PHYSICIAN PHONE \_\_\_\_\_ CLINIC \_\_\_\_\_

PHYSICIAN SIGNATURE \_\_\_\_\_

BRANCH 	PHONE 	FAX 	NPI#
CALIFORNIA	(800) 270-6990	(800) 497-8856	1942392527
ARIZONA	(833) 982-0880	(623) 248-1701	1366008161
COLORADO	(719) 413-5090	(719) 413-5089	1174137731
HAWAII	(808) 691-9973	(888) 286-7412	1205354321
WASHINGTON	(253) 235-5840	(253) 344-1457	1669040465