

NEBULIZER

■ Prescription

Email to: info@militarymedical.us.com

Fax to: (800) 497-8856

ALL FIELDS REQUIRED

Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

City: _____ State: _____ Zip: _____

Patient Cell: _____ Patient Email: _____

Patient Benefits Number (11 digits): _____

DISPENSE ONE NEBULIZER AND NEBULIZER SUPPLIES (A7003-A7015, E0570)



■ BASKETBALL



■ BEAR



■ FISH



■ NEB100-R

DX CODES:

- J21.9 - Acute bronchiolitis, unspecified
- J39.3 - Upper respiratory tract hypersensitivity reaction, site unsp
- J45.40 - Moderate persistent asthma, uncomplicated
- J45.909 - Unspecified asthma, uncomplicated
- R06.2 - Wheezing
- Other

BRANCHES:

California:
P: (800) 270-6990
F: (800) 497-8856
 NPI # 1942392527

Arizona:
P: (623) 248-1630
F: (623) 248-1701
 NPI # 1366008161

Colorado:
P: (719) 413-5090
F: (719) 413-5089
 NPI # 1174137731

Washington:
P: (253) 235-5840
F: (253) 344-1457
 NPI # 1669040465

Hawaii:
P: (808) 691-9973
F: (888) 286-7412
 NPI # 1205354321

Physician's Information: _____

Name: _____

Phone: _____ NPI: _____

Clinic: _____

Signature: _____