

Office 818-713-0202
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Pharmacy ID # 1049620001



Apguard Medical Inc.
Prescription/Physician's Statement of Medical Necessity

Patient Information

Original Update Refill

Patient's Name _____ DOB ____/____/____ Order Date ____/____/____
Address _____ City _____ Zip _____ Phone _____
Dx(ICD 9): COPD(496) Asthma w/Acute Exac.(4932) Chronic Bronchitis(4919) OSA(78057) Other: _____
Equipment Length Of Need: 12 mos. 99 mos. Other: _____
Frequency: Activity Sleep Cont. Other:

Insurance Information

Medicare # _____ Medi-Cal # _____
Insurance Company _____ ID# _____ Phone Number _____

Pulse Oximeters, RT Evaluation and Oximetry Testing

<input type="checkbox"/> Pulse Oximeter Unit & Supplies <input type="checkbox"/> RT Evaluation w/Pulse Oximetry: <input type="checkbox"/> On Room Air <input type="checkbox"/> On O2 _____ LPM <input type="checkbox"/> Other: _____	Oximetry Testing: <input type="checkbox"/> Pulse Oximetry Study on Room Air <input type="checkbox"/> Pulse Oximetry Study on O2 _____ LPM <input type="checkbox"/> Pulse Oximetry Study on CPAP/BiPAP <input type="checkbox"/> Pulse Oximetry Titration to: _____ %SPO2	Must Specify Oximetry Type <input type="checkbox"/> Overnight <input type="checkbox"/> Rest <input type="checkbox"/> Exertion <input type="checkbox"/> Other:
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Respiratory Equipment

CPAP @ _____ CWP Bi-Level @ ____/____ CWP Bi-Level ST @ ____/____ CWP and BUR @ _____
 Auto CPAP @ Min. _____ CWP/Max. _____ CWP Auto Bi-Level @Min. ____/Max. ____ CWP
 Bi-Level ST @ ____/____ CWP and BUR @ _____
 Heated Humidifier Nasal Application Device w/CPAP Supplies Full Face Mask w/CPAP Supplies
 O2 Concentrator Portable O2 Cylinder Sys-Std Portable O2 Cylinder Sys-w/OCD Liquid O2 Sys-Std Liquid O2 Sys-w/OCD
O2 @ _____ LPM via: Nasal Cannula Bleed into CPAP Tubing Other: _____
 Other Equipment and/or Special Instructions:

Nebulizers

Std Nebulizer Compressor-E0570 Battery Op. Nebulizer Compressor-E0571 USN-E0574 Special: _____
Must answer the following: Have metered dose inhalers been considered: Yes No
Patient's breathing is impaired. Use medication with nebulizer as directed via nebulizer kit/mask.
 Dispense: 2/mo: Disposable Nebulizer Kits (A7003) or Dispense: 1/6 mos: Permanent Nebulizer Kit (A7005)
 Dispense: 2/mo: Aerosol Masks (A7015) or Dispense: 2/mo: Trach Masks (A7525)

Physician Information:

Physician Signature _____ Date ____/____/____