

Provider Office: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____

Patient Name: _____ DOB: _____

Patient Address: _____

Insurance: _____

E0482 - Cough Assist Device T70 with associated equipment Settings:

A7020 - Cough assist Circuit

MODE _____ Manual _____ Automatic

Cough Track _____ On _____ Off

Inhale Pressure _____ cmH2O _____ cmH2O

Exhale Pressure _____ cmH2O _____ cmH2O

Pause Time _____ Seconds

Use: 6 breaths followed by a huff cough. Repeat this cycle for a total of 3 cycles per treatment. Use 1-2 x/day, every day.

Therapeutic Objective: _____

E0600 – Portable Battery Powered Suction Machine

A7002 – Suction Connecting Tubing

A4628 – Yankauer

Frequency & Use: _____

Therapeutic Objective: _____

Length of Need: Lifetime/99 years

Diagnosis: _____

Ordering MD Name: _____ Phone: _____ Fax: _____

Ordering MD Signature: _____ Date: _____ NPI: _____