

Patient Name: _____ DOB: _____

Address: _____

Preferred Contact #: _____ Patient email: _____

Insurance: _____ ID: _____

Diagnosis: _____ **Length of Need: 99**

Tracheostomy Supplies: Quantities are subject to insurance monthly allowables

- └ A7520 – Cuffless Trach – 1 per 3 months – Name/Size: _____
- └ A7521 – Cuffed Trach – 1 per 3 months – Name/Size: _____
- └ A7526 – Trach Tube Holder – 31 per 1 month _____
- └ A4623 – Inner Cannulas – 62 per 1 month – Size: _____
- └ A4629 – Trach Care Kits – 31 per 1 month _____
- └ A7507 – HME – 62 per 1 month _____
- └ L8501 – Speaking Valve – 1 per 3 months _____

Compressor: Quantities are subject to insurance monthly allowables

- └ E0565 – 50 PSI Compressor
- └ A7010 - Corrugated tubing – 1 unit (100 ft) per 2 months _____
- └ A7525 - Trach Mask – 1 per 1 month _____
- └ A7012 - Water Trap – 2 per 1 month _____
- └ A7007 - Large Volume Nebulizer Bottle – 2 per 1 month _____
- └ A4217 – Sterile Water (used with large volume neb) – 31 per 1 month _____

Suction Machine: Quantities are subject to insurance monthly allowables

- └ E0600 – Suction Machine
- └ A4605 – Closed/In-line Suction Catheter – 30 per 1 month _____
- └ A4624 – Open Suction Catheter – 90 per 1 month _____
- └ A4216/A4217 – Sterile Water (to clear catheter after tracheostomy suctioning) – 31 per 1 month _____
- └ A4628 – Yankauer – 12 per 1 month _____
- └ A7002 – Suction Connecting Tubing – 2 per 1 month _____
- └ A7000 – Suction Canister – 1 per 1 month _____

Ordering Physician Name: _____

Ordering Physician Signature: _____

NPI: _____ Date: _____