Fax or Call for Orders:

5027 Harrison Ave.
Rockford, IL 61108
PHONE: 815.227.0202

2020 Sutler Ave.
Beloit, WI 53511
PHONE: 608.313.0800

FAX: 866.511.5752
www.integratedhc.com

Integrated HomeCare Services

Respiratory Order Form

Required to Process

Patient Information

Order Date: _____

Name: _____ DOB: _____ Patient Sex M F

Address: _____ Social Security# _____

City/State/Zip: _____ Work Phone# _____

Home Phone: _____ Responsible Party: _____

Insurance Information: (Primary) _____

ID# _____ Group# _____

OXYGEN ☐ Stationary/Concentrator ☐ Portable ☐ Oxygen Content

ICD10 _____

Liter Flow: O_2 @ _____LPM Frequency: ☐ Continuous ☐ At Noc ☐ w/ Exertion

O_2 @ _____LPM Frequency: ☐ Continuous ☐ At Noc ☐ w/ Exertion

Mode of Delivery:

☐ Nasal Cannula ☐ Bled into CPAP/BiPAP

☐ Other _____

☐ Oxygen Conserving Device *In order to provide your patient with the most appropriate home oxygen delivery system, a RT will perform a pulse-oximetry while on a conserving device. If O_2 saturation remains @ 90% or greater (which may require adjusting the flow on the conserving device). The equipment will be thoroughly demonstrated to the client in the home for client use.*

☐ E0570 NEBULIZER – A7005 Permanent Neb Set (1/6mo's 1 Refill) – A7003 Disposable Neb Set (2/mo. 11 Refills)

ICD10 _____

Mask: Mouthpiece:

☐ A7015 Ped Aerosol (1/mo. 11 Refills) ☐ A7525 Ped Trach Mask (2/mo. 11 Refills)

☐ A7015 Adult Aerosol (1/mo. 11 Refills) ☐ A7525 Adult Trach Mask (2/mo. 11 Refills)

Medication & Dosage:

☐ Albuterol 2.5 mg ☐ Albuterol 0.5 mg ☐ Xopenex 1.25 mg ☐ Xopenex 0.63 mg ☐ Pulmicort 0.25mg ☐ Pulmicort 0.5mg ☐ DuoNeb 2.5mg/.05mg ☐ Pulmozyme ☐ Other _____

Frequency:

☐ QID ☐ TID ☐ BID ☐ Daily

PHYSICIAN SIGNATURE: _____ DATE: _____

Physician Name: _____

Address: _____

_____

Office Phone: _____ NPI# _____

Please provide us with the following:

Order Contact Name: _____

✔ A clear copy of the patient's insurance care/info sheet

✔ ALL RELEVANT EQUIPMENT, DIAGNOSIS, & START DATE FIELDS COMPLETED

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