



# Coastal Carolina Respicare

Phone: (910) 362-1414 Fax: (910) 362-0464

## FAST FAX ORDERS

Patient Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Primary Ins. \_\_\_\_\_

SS# \_\_\_\_\_

Policy# \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Ins. \_\_\_\_\_

\_\_\_\_\_

Policy# \_\_\_\_\_

\_\_\_\_\_

Diagnosis: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Ht: \_\_\_\_\_ inch/cm Wt: \_\_\_\_\_ lbs/kg Length of Need \_\_\_\_\_ 99 months=lifetime

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_ UPin# \_\_\_\_\_

\_\_\_ Overnight Oximetry \_\_\_ Nebulizer Therapy

\_\_\_ **Oxygen** \_\_\_ LPM \_\_\_ Continuously \_\_\_ %O2 sat/Po2 \_\_\_ Date of Test

\_\_\_ Portable O2 \_\_\_ Conserving device /Pulse Dose

\_\_\_ **CPAP** \_\_\_ cm \_\_\_ **Bi-Level Therapy** \_\_\_ IPAP \_\_\_ EPAP \_\_\_ Back up Rate

\_\_\_ Mask Type \_\_\_ Humidification \_\_\_ Cool \_\_\_ Heated

\_\_\_ Cane \_\_\_ single prong \_\_\_ four prong

\_\_\_ Walker \_\_\_ Rolling \_\_\_ Standard \_\_\_ Rollator \_\_\_ Hemi

\_\_\_ Wheelchair \_\_\_ Lt Wt \_\_\_ STD \_\_\_ Elv Leg Rests \_\_\_ Std Leg Rests

\_\_\_ Hospital Bed \_\_\_ low loss \_\_\_ APP

\_\_\_ Trapeze Bar \_\_\_ free standing \_\_\_ Bed mounted \_\_\_ Hoyer Lift

\_\_\_ 3 in 1 Bedside commode

\_\_\_ Shower chair \_\_\_ w/ back \_\_\_ w/o back

\_\_\_ Tub Transfer Bench \_\_\_ Transfer Board

\_\_\_ CPM \_\_\_ Date of Knee replacement \_\_\_ left or right

\* Other items or accessories may be available upon request.

Faxed by: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature \_\_\_\_\_ or attached signed prescription \_\_\_\_\_