MANOR Drug Store
ManorDrug.com
2361 Northgate Blvd
Sacramento, CA 95833
916-922-9392

Fax completed form to
(916) 922-2444

DOCTOR'S WRITTEN ORDER

Prescription Date:_____

Name:_____
Last First Social Security / HIC #

_____

_____ **Nebulizer and accessories** _____ **Unit dose medication**

*** Please choose from among the illness codes below or write in your own in the space marked other.**

491.0_____ Simple chronic bronchitis
491.1_____ Mucopurulent chronic bronchitis
491.2_____ Obstructive chronic bronchitis
491.8_____ Other chronic bronchitis
492.0_____ Emphysema
493.0_____ Asthma
494.0_____ Bronchiectasis
496.0_____ COPD
502.0_____ Pneumoconiosis due to silica or silicates
Other_____

*** This list is not all inclusive (please check your ICD-9-CM dictionary)**

_____

According to Medicare guidelines, the reason for requiring a small volume nebulizer and related compressor / generator instead of or in addition to a MDI must be documented in the patient's medical record and available upon request by Medicare.

Prescribed Medication(s) : (if applicable)
_____ Albuterol 1.25mg/3ml NS
_____ Albuterol 2.5mg/3ml NS
_____ Albuterol 2.5mg / Ipratropium 0.5mg/3ml Combo
_____ Cromolyn 0.02% 2.5ml UD

_____ Quantity _____BID _____TID _____QID _____Other
(PRN is not acceptable by Medicare)

Date Prescribed:_____
Refill:_____ Length of Need:_____ months
(12-99; 99=lifetime)

_____

***I certify that the above mentioned equipment / supplies is medically indicated and is reasonable and necessary for the treatment of this patient's condition.

_____

Doctor's Name_____
Doctor's Address_____

Doctor's Signature _____ Date_____
Doctor's UPIN# _____ Phone #_____ Fax #_____