

# TRACHEOSTOMY PRESCRIPTION FORM

PH: 949.474.2050 FAX: 949.474.4460

PATIENT NAME:		DOB:	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F
PHONE:		CELL:	
MAILING ADDRESS:			
ORDERING PHYSICIAN:			
INSURANCE:		POLICY ID:	
<b>SUCTION UNIT (E0660):</b> <input type="checkbox"/> Portable <input type="checkbox"/> Stationary		<b>COOL MIST (Aerosol Compressor E0565):</b> <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>SUPPLIES FOR COOL MIST:</b> Corrugated Tubing (A7010), Aerosol Cannister (A7007), Trach Mask (A7525)			
<b>OXYGEN (E1390, E0431):</b> <input type="checkbox"/> Y <input type="checkbox"/> N		<b>LITER FLOW:</b> <input type="checkbox"/> 24hrs <input type="checkbox"/> PRN <input type="checkbox"/> Pulse Dose	
<b>TRACH TUBE (Varies on Tube):</b> Size _____ <input type="checkbox"/> Cuffed <input type="checkbox"/> Cuffless		<b>BRAND:</b> <input type="checkbox"/> Shiley <input type="checkbox"/> Portex <input type="checkbox"/> Bivona	
<b>FENESTRATED:</b> <input type="checkbox"/> Y <input type="checkbox"/> N			
<b>INNER CANNULA (A4623):</b> Qty. Per Day _____		<b>SUCTION CATHETER (Varies):</b> FR Size _____ Qty. Per Day _____	
<b>TIES (A7526):</b> Size _____ <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large Neck Measurement (circum) _____			
<b>GAUZE (A6402):</b> <input type="checkbox"/> 2x2 <input type="checkbox"/> 4x4 Split Gauze		<b>SALINE (A4217):</b> <input type="checkbox"/> Bottle (250ml) <input type="checkbox"/> Vial (100/bx)	
<b>GLOVES (A4927):</b> <input type="checkbox"/> Latex <input type="checkbox"/> Vinyl Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large			
<b>TRACH CARE KITS (A4629):</b> Qty. Per Day _____		<b>HEAT MOISTURE EXCHANGES (HME'S):</b> Qty. Per Day _____	
<b>SPEAKING VALVE (L8501):</b> Reference Needed _____			
<b>DIAGNOSIS:</b>			
PHYSICIAN NAME:		NPI:	
PHONE:		FAX:	
ADDRESS:			
PHYSICIAN SIGNATURE:			DATE:

➔ PLEASE FAX COMPLETED FORM & PRESCRIPTION TO 949.474.4460 ➔