



Phone 205-981-2333

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Referral Form

Patient Name _____

Address _____

Phone Number _____ Cell Number _____ D.O. B. _____

SSN _____ Height _____ Weight _____

Diagnosis _____

Primary Insurance _____ Policy # _____

Secondary Insurance _____ Policy # _____

Doctor _____

Phone # _____ Fax # _____ NPI # _____

MEDICATIONS DISPENSE WITH A NEBULIZER [] YES [] NO

- [] Albuterol 2.5/3ml (0.083%) [] QID [] TID [] BID [] _____
[] Ipratropium 0.5mg/2.5ml (0.02%) [] QID [] TID [] BID [] _____
[] DuoNeb (Albuterol 2.5mg & Ipratropium 0.5/3ml) [] QID [] TID [] BID [] _____
[] Xopenex (Levalbuterol 1.25/3ml) [] QID [] TID [] BID [] _____
[] (Other) _____ [] QID [] TID [] BID [] _____

The Physician has considered the use of Metered Dose Inhalers (MDI's)

Medical Equipment [] Home Sleep Testing

- [] Walker [] Walker w/wheels [] Bed Side Commode [] Rollator [] Knee Walker [] TENS UNIT
[] Wheel Chair [] Foot Rests [] Leg Rests [] Heavy Duty Wheel Chair [] Power Wheelchair
[] Hospital Bed [] Trapeze Bar [] Gel-Overlay [] Patient Lift [] Suction Pump [] Over Bed Table
[] Straight Cane [] Quad Cane [] Crutches [] CPAP / BIPAP [] CPAP Supplies/ Masks / Tubing
[] Nebulizer with permanent neb kit [] Other

Home Oxygen and Overnight Oximetry

Diagnosis _____ O2 Sat/ PO2 _____ Date _____ Lpm _____

[] Portable Oxygen Tank [] O2 Conserver [] Liquid Oxygen with Portable [] Home Fill System [] Portable Concentrator

[] Overnight Oximetry ; If O2 sats are at or below 88% set patient up on oxygen at 2lpm/continuous.

Physician Signature _____

Date _____