



ONE SOURCE MEDICAL SOLUTIONS, INC.

ONE COMPANY. MULTIPLE SOLUTIONS.™

NPI NO. 1144311531

DURABLE MEDICAL EQUIPMENT PRESCRIPTION/ORDER

Patient's First Name

Last Name

Street Address

City, State, Zip

Patient's HIC No.

Lifetime

Date Prescribed

Estimated Length of Need

Fully Describe Equipment Required: (E0570 / A7003 / A7015 / A7013)

Dispense 1 each Compressor/Nebulizer System (E0570) along with monthly
disposable 2 each Nebulizer Medication Kits with Tubing (A7003), 1 each Aerosol
Mask (A7015) and 2 each disposable Filters (A7013) for daily use of Aerosol
Therapy Breathing Treatments to manage and assist with difficulty of breathing,
shortness of breath and wheezing.-----

Patient's Diagnosis/ICD-10

Physician's Signature

Signature Date

Print Physician's Name

NPI

Physician's Address

City, State, Zip

1555 W. MOCKINGBIRD LANE, STE. 210 ♦ DALLAS, TX 75235 ♦ TEL: (214) 421-7000 ♦ FAX: (214) 421-7001

WWW.ONESOURCEMEDICAL.COM

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