

**Respiratory Medication Prescription**

Referring Company Transcend Medical

**PATIENT INFORMATION**

Patient Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Emergency Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Social Security # \_\_\_\_\_

**PHYSICIAN INFORMATION**

Physician Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
UPIN / NPI \_\_\_\_\_ / \_\_\_\_\_  
Nurse/Contact Person \_\_\_\_\_  
Name of Insured \_\_\_\_\_

**INSURANCE INFORMATION**

Primary: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Phone \_\_\_\_\_  
Secondary: \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_ Phone \_\_\_\_\_

**DIAGNOSIS:**

\_\_\_\_ 496 (COPD) \_\_\_\_ 493.90 (Asthma) \_\_\_\_ 491.9 (Chronic Bronchitis) \_\_\_\_ 492.8 (Emphysema) \_\_\_\_ 494.0 (Bronchiectasis) \_\_\_\_ Other \_\_\_\_\_

**MEDICATION (Please Check Prescribed Meds)**

**FREQUENCY/DIRECTIONS (Please Check Frequency of Dosage)**

- Gen. DuoNeb (Ipr 0.02% 0.5mg/Alb 0.083% 2.5mg/3.0ml) \_\_\_ QID(#120) four daily \_\_\_ TID(#90) three daily \_\_\_ BID(#60) twice daily \_\_\_ AND PRN \_\_\_
- Albuterol 0.083% 2.5mg/3.0ml \_\_\_ QID(#120) four daily \_\_\_ TID(#90) three daily \_\_\_ BID(#60) twice daily \_\_\_ AND PRN \_\_\_
- Ipratropium 0.02% 0.5mg/2.5ml \_\_\_ QID(#120) four daily \_\_\_ TID(#90) three daily \_\_\_ BID(#60) twice daily \_\_\_ AND PRN \_\_\_
- Budesonide 0.25mg/2ml \_\_\_ BID(#60) twice daily \_\_\_ QD(#30) once daily
- Budesonide 0.5mg/2ml \_\_\_ BID(#60) twice daily \_\_\_ QD(#30) once daily
- Perforomist 20mcg/2ml \_\_\_ BID(#60) twice daily \_\_\_ QD(#30) once daily
- Brovana 15mcg/2ml \_\_\_ BID(#60) twice daily \_\_\_ QD(#30) once daily
- Tobramycin 300mg/5ml \_\_\_ BID twice daily (56 vials, 28 day supply)
- Other \_\_\_\_\_

**Order Good for TWELVE MONTHS, Unless Otherwise Noted.**

Start Date: \_\_\_\_\_

➔ Refills: \_\_\_\_\_ Please circle one: 12 months 6 months 3 months Other: \_\_\_\_\_

➔ Circle Quantity - 90 days 30 days

E0570 Nebulizer(Compressor)  E0571 Portable AC/DC (Compressor) Length of need 99 months (99= lifetime)

\*Medicare Part B coverage allows for a monthly prescription of 2 doses of Brovana or Perforomist per day. In addition, Medicare Part B also allows for a prescription of 30 doses of a nebulized short-acting beta-agonist per month as a rescue/supplemental medication when Brovana or Perforomist is prescribed. Note that this coverage determination does not affect metered-dose inhaler (MDI) SABAs (Medicare Part D benefit) or nebulized ipratropium bromide (Medicare Part B benefit).

**MD/DO/NP/PA Signature (Required)**

X \_\_\_\_\_

*Product Selection Permitted*

*Date*

*Dispense as written*