

**ABSOLUTE
MEDICAL
EQUIPMENT, INC.**

560 Marksmen Court
Fayetteville, Georgia 30214

6014 Macon Road
Columbus, Georgia 31907

30 East Gordon Road
Newnan, Georgia 30263

FAX ORDER TO: 1-866-930-1360 or call 1-877-233-3833

Nebulizer Order

Date: _____ Patient Height _____ Weight _____

Patient Name: _____

Address: _____

Phone: _____ Date of Birth: _____

DIAGNOSIS: (Specify ICD-9 Code) _____

PROGNOSIS: _____ **LENGTH OF NEED:** _____

Patient must have at least one of the following diagnosis to qualify for nebulizer

Please select matching criteria

- Obstructive Pulmonary Disease (491.0-508.9)
- Cystic Fibrosis (277.02)
- Brochietasis (494.0,494.1,748.61, 011.50-011.56)
- HIV (042)
- Pneumocystosis (136.3)
- Complications of organ transplant (996-80-996-89)
- Pulmonary secretions (480.0-508.9, 786.4)

Physician Name: _____

Address: _____

Phone: _____ NPI#: _____

X _____ DATE _____

Physician Signature