

Lincare
3334 Adobe Court
Colorado Springs, CO 80907

Location: 90 08 73 17

Telephone: 719-473-1880
Fax: 719-578-5289

Patient Information:

Start Date:

Name:

Address:

HICN:

Phone:

DOB:

Diagnosis:

ICD9:

Equipment:

Known allergies:

Nebulizer - E0570

Other: A7003 Admin set, small vol disposable Neb

Yes No Have you considered the use of an MDI prior to prescribing unit dose?

Medications:

Other: _____

PHYSICIAN:

Name:

Address: 7500 Cochrane Circle
Ft Carson, CO 80913

PHYSICIAN'S SIGNATURE

UPIN#: VAD000

DATE

PHONE: 719-526-7653

EQUIPMENT/OTHER LENGTH OF NEED: 99