Lincare
3334 Adobe Court
Colorado Springs, CO 80907

**Location:** 90 08 73 17

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

**Patient Information:**
**Name:**
**Address:**

Start Date:

**HICN:**

**Phone:**

**DOB:**

**Diagnosis:**
**ICD9:** 786.2 / 786.07 (cough / wheezing)

**Equipment:**
[X] **Nebulizer - E0570**

**Known allergies:**

**Other:** A7003 Admin set, small vol disposable Neb

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

**Medications:** See attached sheet

**Other:** _____

**PHYSICIAN:**
**Name:**
**Address:** 7500 Cochrane Circle
Ft Carson, CO 80913

**UPIN#:** VAD000

**PHONE:** 719-526-7653

_____
**PHYSICIAN'S SIGNATURE**

_____
**DATE**

EQUIPMENT/OTHER LENGTH OF NEED: 99