

**DURABLE MEDICAL EQUIPMENT (DME)
WRITTEN ORDER PRIOR TO DELIVERY (WOPD)**

Patient Name:		Discharge Date:	
Date of Birth:		HT:	WT:
Diagnoses:		Order Date:	

Include face-to-face details from the last six months and equipment evaluation information.

DME WRITTEN ORDER FOR DURABLE MEDICAL EQUIPMENT		
Suction Machine/Supplies	Trach Supplies	Nebulizer/Oxygen/Complex Resp.
WITHOUT Tracheostomy: <input type="checkbox"/> 1 Suction Machine (E0600) & Supplies <input type="checkbox"/> 36 Oral Suction Catheters (A4628) 12/Month <input type="checkbox"/> 12 Disposable Canisters (A7000) 4/Month <input type="checkbox"/> 24 Suction Tubes (A7002) 8/Month	Routine Trach Care Supplies: <input type="checkbox"/> 93 Trach Care Kits (A4629) 31/Month <input type="checkbox"/> 186 Trach Inner Cannulas (A4623) 62/Month <input type="checkbox"/> 93 Trach Tube Collars (A7526) 31/Month _____ (Size: S, M, L)	<input type="checkbox"/> 1 Neb Comp (E0570) & Access. <input type="checkbox"/> 6 Disp Neb Kit (A7004) 2/Month <input type="checkbox"/> 6 Neb Admin Set (A7003) 2/Month <input type="checkbox"/> 6 Disposable Filters (A7013) 2/Month <input type="checkbox"/> 3 Aerosol Neb Masks (A7015) 1/Month <input type="checkbox"/> Home Oxygen System <input type="checkbox"/> 1 Stat. Concentrator (E1390) <input type="checkbox"/> 1 Oxygen Cylinders (E0431) _____ LPM via _____ (Cannula, Trach Mask, etc.)
WITH Tracheostomy: <input type="checkbox"/> 1 Suction Machine (E0600) & Supplies <input type="checkbox"/> 12 Disposable Canisters (A7000) 4/Month <input type="checkbox"/> 24 Suction Tubes (A7002) 8/Month <input type="checkbox"/> 36 Oral Suction Catheters (A4628) 12/Month <input type="checkbox"/> 270 Tracheal Suction Catheters (A4624) 90/Month _____ FR <input type="checkbox"/> 30 Tracheal Suction Caths. Close System (A4605) 10/Month (Ventilation Therapy Required) <input type="checkbox"/> Sterile Water (A4216) <input type="checkbox"/> Saline Water (A4217)	50 PSI Compressor & Trach Supplies: <input type="checkbox"/> 50 PSI Comp. (E0565) & Supplies <input type="checkbox"/> 3 Mask (A7525) 1/Month <input type="checkbox"/> 93 Care Kits (A4629) 31/Month <input type="checkbox"/> 186 Inner Cannulas (A4623) 62/Month <input type="checkbox"/> 3 Non Disp. Filter (A7014) 1/3 Months <input type="checkbox"/> 6 Neb Water Collection Devices (A7012) 2/Month <input type="checkbox"/> 100' Disp. Tubing (A7010) 100'/2 Month <input type="checkbox"/> 1 Large Volume Neb Disp. (A7007) 1/Month	Complex Respiratory Devices: <input type="checkbox"/> 1 Invasive Ventilator (E0465) <input type="checkbox"/> 1 Non-Invasive Ventilator (E0466) <input type="checkbox"/> 1 IPPB (E0500) <input type="checkbox"/> 1 Cough Assist (E0482) <input type="checkbox"/> 1 Cough Assist (Vest) (E0483)
Optional Accessories		
<input type="checkbox"/> 1 Trach/Laryn Tube Non-Cuffed (A7520) 1/3 Months	<input type="checkbox"/> 1 Oxy Supply Heater for 50 PSI (E1372) 1/36 Month	<input type="checkbox"/> 1 Breathing Circuit (A4618) <input type="checkbox"/> 1 Mouth Piece (A4617)
<input type="checkbox"/> 1 Trach/Laryn Tube Cuffed (A7521) 1/3 Months	<input type="checkbox"/> Water Distilled w/ Neb (A7018)	<input type="checkbox"/> 1 Cough Stim Device Interface (A7020)
Length of Need (99 = Lifetime Use):		
NPI:		Additional Order Information (Below):
PECOS Practitioner Printed Name:		
PECOS Practitioner Signature:		
Signature Date:		