DOME INTERNATIONAL, INC

DURABLE MEDICAL EQUIPMENT STATEMENT OF ORDERING PHYSICIAN

Please send completed form along with patient's face sheet & applicable clinical notes

PHONE: (718) 854-5501 • FAX: (718) 369-5858

Patient Name:	**Date of Birth:**_____/_____/_____ ☐ **M** ☐ **F**
Address: _____	**Height:** **Weight:**
	Diagnosis:_____,_____,_____,_____, _____

RENTAL ITEMS

HCPCS	ITEM DESCRIPTION	QTY
E0466	VENTILATOR/NON-INVASIVE INTERFACE	1

SETTING:

IPAP: _____EPAP: _____

TV: _____RR: _____

SUPPLIES

HCPCS	ITEM DESCRIPTION	QTY
	CIRCLE IF THE HEATED OPTIONS ARE NEEDED	
E0562	HEATED HUMIDIFER	1
A4604	TUBING W/ INTEGRATED HEATING ELEMENT	1
A7035	HEADGEAR	1
A7037	TUBING	1
A7038	FILTER	1
A7046	REPLACEMENT WATER CHAMBER HUMIDIFIER	
	CHECK ONE	
A7030	_____FULL FACE MASK	1
A7034	_____NASAL MASK	1

THE ABOVE IS MEDICALLY NECESSARY BECAUSE:

Obstructive Sleep Apnea (along with treatment with a CPAP) have been considered and ruled out AND:

CHECK BOX 1 or 2 & FILL IN APPLICABLE AREAS

1. ☐ Patient has severe COPD and:
   Arterial blood gas PaCo2 done while awake & breaking patients usual FiO2 Is_____.
   Sleep oximetry demonstrates O2 Sat @_____% for at least 5 continuous minutes while breathing oxygen @ 2lpm or while breathing the patients usual FiO2.

OR

2. ☐ COPD does NOT contribute to patients pulmonary limitation
   Patient has progressive neuromuscular disease ICD10 code:_____
   Arterial PaCo2 (done while awake & breathing the usual FiO2 is_____mmHg.

OR

Sleep oximetry demonstrates O2 Sat @_____% for at least 5 continuous minutes while breathing usual FiO2.

Start Date:_____/_____/_____

Prescriber Name:	**Address:** _____ _____	**Phone #:** **Fax #:**
Prescriber Signature **X**_____	**Date:** _____/_____/ _____	**Prescriber NPI #:** **PECOS REGISTERED? ☐ Y / ☐ N**

***NOTE TO PHYSICIAN: THIS FORM WAS FILLED OUT ACCORDING TO INFORMATION WE RECEIVED FROM YOUR OFFICE AND/OR YOUR PATIENT. BY SIGNING THIS FORM YOU ARE CERTIFYING THAT YOU HAVE REVIEWED IT FOR ACCURACY AND THERE IS SUPPORTING DOCUMENTATION VERIFYING THIS INFORMATION IN THE PATIENTS PERMANENT MEDICAL RECORDS AND THAT INFORMATION IS AVAILABLE UPON REQUEST.**