DOME HOME CARE
24 15TH STREET SUITE # 205
BROOKLYN, NY 11215
PHONE (718) 854-5501 FAX (718) 369-5858
Provider # 4450490001

DURABLE MEDICAL EQUIPMENT STATEMENT OF ORDERING PHYSICIAN

Beneficiary Name: Effective Date:

Address: DOB:

City, State, Zip: HICN:

DIAGNOSIS(ES)/ICD-10: _____ _____ _____ Date last seen:_____

HCPCS CODE	ITEM DESCRIPTION	QTY
E0600	SUCTION MACHINE	1
A4628	OROPHARYNGEAL SUCTION CATHETER	30
A7000	SUCTION CANISTER	10
A7002	SUCTION CONNECTING TUBING	10

THE ABOVE IS MEDICALLY NECESSARY BECAUSE:

PATIENT HAS DIFFICULTY RAISING AND CLEARING SECRETIONS SECONDARY TO ***(CIRCLE ONE & ADD DX):

1) Cancer or surgery of the throat or mouth ICD/10 CODE: _____

2) Dysfunction of the swallowing muscles ICD/10 CODE: _____

3) Unconsciousness or obtunded state ICD/10 CODE: _____

4) Tracheostomy ICD/10 CODE: _____

I ESTIMATE THAT ITEM/S WILL BE NEEDED FOR:

NO.OF MONTHS: _____ (99 = LIFETIME)

PHYSICIAN NAME: LIC #:

ADDRESS: NPI#:

CITY, STATE, ZIP:

_____ _____

PHYSICIAN SIGNATURE DATE

****NOTE TO PHYSICIAN: BY SIGNING THIS DOCUMENT YOU ARE VERIFYING THERE IS SUPPORTING DOCUMENTATION IN THE PATIENT'S PERMANENT MEDICAL RECORDS AND THIS DOCUMENTATION IS AVAILABLE UPON REQUEST.**