

This form is intended to be completed by a physician. Prescriptions may also be submitted through our HIPPA-compliant online form at <https://hipaa.jotform.com/213125577490154>. Complete and return by fax to 1-800-418-6998.

Physician information

Prescribing physician

First name: _____ Last name: _____

NPI #: _____

Street 1: _____ Street 2: _____

City: _____ State: _____ Postal Code: _____

Email: _____

Phone: _____ Fax: _____

Patient information

Patient's full name

First: _____ Middle: _____ Last: _____

Street 1: _____ Street 2: _____

City: _____ State: _____ Postal Code: _____

Email: _____ Phone: _____

Prescription

Liters per minute (LPM) or pulse setting

LPM or Setting: _____ Length of need: _____

Physician's signature: _____ Date: _____