

PULMONARY PROVIDERS GROUP, INC.

* DME - DURABLE MEDICAL EQUIPMENT PROVIDER *

4330 N. CALIFORNIA AVE # A, CHICAGO IL. 60618

24 HOUR SERVICE: (847) 226 - 3049

OFFICE: (847) 824 - 0500 FAX: (847) 824 - 0529

PATIENT ORDER FORM (PLEASE PRINT)

DATE: / /
REFERRING PHYSICIAN: _____ NPI# _____
PATIENT'S NAME: _____
PATIENT'S ADDRESS: _____
CITY: _____ ZIP CODE: _____
PATIENT'S TELEPHONE: (____) _____ INSURANCE ID: _____
PATIENT'S DOB: / / PATIENT'S DX: _____

PHYSICIAN SIGNATURE _____

STUDY, NOCTURNAL OXYGEN SATURATION _____

OXYGEN THERAPY, STATIONARY _____ PORTABLE _____

____ LPM _____ % CURRENT O2 SATURATION ON ROOM AIR
____ NOCTURNAL _____ % O2 SATURATION WITH EXERTION
____ CONTINUOUS

NEBULIZER-AEROSOL THERAPY (STATIONARY) _____ (PORTABLE) _____

CPAP _____ BI-LEVEL _____ HEATED HUMIDIFIER _____ THERAPY _____ cm H2O (PRESSURE,)

BREAST PUMP, DOUBLE ELECTRIC _____

WALKER WITH 5" WHEELS _____ ROLLATOR (WALKER WITH SEAT) _____ PATIENT Ht _____ Wt _____

PLEASE ATTACH COPIES OF RX, AND PRIMARY AND SECONDARY INSURANCE

FOR PICK-UP:

Please take **the prescription** from your doctor along with your **current insurance cards** to **Pulmonary Providers Group, Inc. 4330 N. CALIFORNIA AVE # A, CHICAGO IL. 60618**. Please call ahead @ **847-824-0500**