Remedy Medical Supply

California (805) 456-4800 Idaho (208) 425-7789
Oklahoma (405) 486-0506

Tracheostomy, Suction, Cool Mist Laryngectomy Prescription

FAX to 805-435-0432

Patient Information

Name: _____ DOB: _____ ☐ M ☐ F Home Phone: _____
Address: _____ Cell Phone: _____
Alt Contact Person: _____ Phone: _____
Email: _____ Primary Language: ☐ English ☐ Spanish ☐ Other: _____
Diagnosis Codes: _____ Duration of Need is 99 unless otherwise indicated ____months

Insurance Information

Primary Insurance: _____ Member ID: _____
Secondary Insurance: _____ Member ID: _____

Suction Items

☐ Suction Machine E0600 ☐ Portable ☐ Stationary ☐ Canisters A7000 Qty ____/month
☐ Suction Tubing A7002 A7000 Qty ____/month ☐ Yankauers A4628 Qty ____/month (12 max)
☐ Suction Catheters A4624 Type: _____ Size: _____ Qty ____/month (90 max)
☐ Closed Suction Catheters A4605 Qty ____/month (12 max)
☐ Sterile Saline A4217 Qty ____/month (500ml = 1 unit)

Cool Mist Items

☐ Cool Mist 50 PSI Compressor E0565 ☐ Large Volume Nebulizer Bottle A7007 (2/month)
☐ Corrugated Tubing A7010 (1/2 months) ☐ Drain Bag A7012 (2/month) ☐ Trach Mask A7525 (1/month)
☐ Sterile Saline/Water A4217 Qty ____/month (500ml = 1 unit) ☐ Oxygen Adapter

Tracheostomy Supplies

☐ Tracheostomy Tube ☐ Non-Cuffed A7520(1/3 months) ☐ Cuffed A7521(1/3 months)
☐ Reusable ☐ Disposable Size ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 10 ☐ Fenestrated ☐ Non-Fenestrated
☐ Inner Cannulas A4623 ☐ Reusable ☐ Disposable ☐ 30/month ☐ 60/month
Size ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 10 ☐ Fenestrated ☐ Non-Fenestrated
☐ Tracheostomy Collar A7526 (30/month) ☐ Tracheostomy Care Tray A4629 (30/month)
☐ Passy Muir Speaking Valve L8501 (1/3 months) ☐ HME Cartridges A7507 ☐ 30/month ☐ 60/month
☐ 4x4 Gauze A6402 Qty (100/month) ☐ 4x4 Split Gauze A6402 Qty (100/month)

Laryngectomy Supplies

☐ InHealth ☐ Atos
☐ Laryngectomy Tube A7520 ☐ Fenestrated ☐ Non-Fenestrated Size: _____ Model: _____
☐ HME Cartridges A7507 ☐ 30/month ☐ 60/month Model: _____
☐ Hands Free HME Cartridges A7501 (1/month) Model: _____
☐ HME Adhesive Bases A7508 ☐ 30/month ☐ 60/month Model: _____
☐ Adhesive Barrier Wipes A5120 (150/month) ☐ Adhesive Remover Wipes A4456 (50/month)
☐ Adhesive Barrier Liquid/oz A4364 (4oz/month) ☐ Tube Cleaning Brush A4626 (2/month)
☐ Prosthesis Cleaning Brush L8513 (2/month) ☐ Shower Guard A7523 (1/month)
☐ Electrolarynx L8500 Model: _____ ☐ Voice Prosthesis L8507 (2/month) Model: _____

Prescriber Information

Name: _____ NPI: _____
Address: _____
Phone: _____ Fax: _____
Contact: _____

_____ _____
Signature Date

Hospital: _____ SLP: _____ SLP PH: _____

SLP email: _____