

Prescription Form for ATOS Medical Provox Heat Moisture-Exchanger Products that include Normal or HiFlow Filter Cassettes Rx

NOTE: A prescription is needed for anything containing filter cassettes, even for a free sample pack.

>Orders must be from a licensed practitioner trained in the care and rehabilitation of people who have had laryngectomies and tracheotomies - ie. Physician, Speech Pathologist, Head and Neck Nurse Specialist, Respiratory Therapist. **NOTE: THIS FORM TAKES CARE OF GENERAL LEGALITIES BUT IS NOT USEFUL FOR MEDICARE REIMBURSEMENT UNLESS IT IS SIGNED BY A PHYSICIAN OR PHYSICIAN'S ASSISTANT.** Other documentation is required for Medicare as well - please contact us for details.

>This form may be copied and used as needed for your patients - or your own prescription form or letterhead may be used, if preferred, as long as it contains the information requested below.

>Standing orders must be renewed yearly. Any changes in specific orders will require a new prescription.

PLEASE PRINT OR WRITE VERY CAREFULLY

Clinician _____

Address _____

City _____ State _____ Zip _____

Licensee# _____ DEA Reg.# _____ Medicare UPIN # _____

Phone _____ Fax _____ e-mail _____

Patient Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ e-mail _____

CHECK THIS BOX:

You are authorized to supply my patient with ATOS Provox Heat-Moisture Exchange System products, which may include Normal or HiFlow Filter Cassettes, as he/she needs and requests. (USE THE FOLLOWING SPACE TO GIVE ANY ADDITIONAL ORDERS OR INSTRUCTIONS)

Signature _____ Date _____

MAIL OR FAX COMPLETED PRESCRIPTION, WITH FIRST ORDER, TO LUMINAUD, INC.



PHONE HOURS: WEEKDAYS 9:00a to 4:30p EASTERN

FEDERAL ID #34-1268969 - MEDICARE PROV. # 0246490001

www.luminaud.com e-mail: info@luminaud.com

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