BV MEDICAL®

Letter of Medical Necessity

Patient Information			
Name:			
Address:		City:	
State:	Zip:		Phone Number:
Physician Information			
Name:			
Address:		City:	
		-	
Phone Number:		Fax:	
Ctata	Zip:		NPI:
State: Zip:			
Treatment Devices/Supplies Please check below if patient needs a specific device:		Diagnosis Please check diagnosis below:	
Nebulizer Ultrasonice (E0575)			
Nebulizer with Compressor (E0585)		Asthma	
Nondisposable Nebulizer Set (A7005)		Chronic Obstructive Pulmonary Disease (COPD)	
Disposable Nebulizer Set, Small Volume (A7004)		Cystic Fibrosis	
Aerosol Mask Used with Nebulizer (A7015)		Respiratory Syncytial Virus (RSV)	
Spacer without Mask (S8100)		Other:	
Spacer with Mask (S8101)			
Pulse Oximeter (E0445)		The named patient was diagnosed as indicated and requires treatment devices for administration of respiratory medications.	
All related Nebulizer Replacement Supplies/Accessories Other:			

Expiration and Signature

The duration of the devices/supplies will be lifetime unless otherwise indicated here:

Physician's Signature:

Date:

You will be prompted before you add the product to your cart. It will ask whether or not you will provide a prescription or if you already have provided BV Medical with a prescription. You can either fill out our Letter of Medical Necessity and upload it, upload a file of the prescription, or upload a photo of the prescription. Please upload when prompted on the product page. Please note if the prescription or Letter of Medical Necessity has not been provided then your order may be canceled.

Please Email To: orders@bvmedical.com Fax To: (847) 382-7790 or Upload when prompted on product page Contact Us for any Questions