



DME PRESCRIPTION

PROVIDER: KERN MEDICAL SUPPLY, LLC
2520 PEGASUS DRIVE

BAKERSFIELD, California 93308-6807
Phone (661)393-4877
FAX (661)393-7339

PHYSICIAN: _____

Phone _____

Fax _____

NPI _____

PATIENT: Name: _____

Address: _____

Phone: _____

DOB: _____

INSURANCE POLICY: _____

LENGTH OF NEED: 99

DIAGNOSIS

ICD-10 Code	Description
_____	_____
_____	_____
_____	_____
_____	_____

EQUIPMENT/SERVICES

Qty	Proc. Code	Item Name/Narrative
1	E0570	ADULT NEBULIZER - E0570
1	A7005	NEBULIZER KIT - A7005
1	A7015	NEBULIZER MASK - A7015

Signature: _____

Date: _____