



**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	PORTABLE NEBULIZER - E0570
1	A7005	NEBULIZER KIT - A7005
1	A7015	NEBULIZER MASK - A7015

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_