

# Nebulizers

- Kid friendly nebulizers help make children smile, while the high quality and durability ensure safe and effective aerosol treatments.
- Available in various configurations
- All include 7 feet of tubing, filters, medicine cup, mask, and mouthpiece.
- Method of nebulization: dry piston compressor
- Operating voltage: 120V/60Hz



## Pediatric Nebulizer Masks with Tubing



**Dog Nebulizer**  
Compressor Nebulizer  
with Carry Bag



**Fish Nebulizer**  
Compressor Nebulizer  
with Carry Bag



**Turtle Nebulizer**  
Compressor Nebulizer  
No Carry Bag

## Adult Nebulizer Masks with Tubing



**AeroMist Compact Nebulizer**  
Compressor Nebulizer  
Smallest foot print of our compressors  
Low center of gravity  
Four non skid rubber feet  
7 ft. power cord  
Five-year warranty  
Disposable nebulizer kit included



# NEBULIZER ORDER FORM

PLEASE FAX TO US: 678-264-2121

## PATIENT'S INFORMATION (attach demographic sheet)

<input type="text"/>	<input type="text"/>	<input type="text"/>		
LAST	DOB	Phone Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
FIRST	Name of Insurance	Insurance ID#		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	City	State	Zip	Email Address

## PHYSICIAN'S INFORMATION





*After a comprehensive assessment and evaluation, the supplies checked below are medically necessary for this patient.*

**NEBULIZER** (small portable home use) (E0570)

Short Term Use     Long Term Use

- |  |   |
|--|---|
| <input type="checkbox"/> Bronchitis, Acute (J20)                     | <input type="checkbox"/> Cystic Fibrosis, unspecified (E84.9) |
| <input type="checkbox"/> Bronchiectasis, congenital (Q33.4)          | <input type="checkbox"/> COPD (J44.9)                         |
| <input type="checkbox"/> Bronchiectasis w/acute exacerbation (J47.1) | <input type="checkbox"/> Pneumocystosis (B59)                 |
| <input type="checkbox"/> Pneumonia, unspecified organism (J18)       | <input type="checkbox"/> Other _____                          |

<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICIAN'S NAME	ADDRESS	CITY STATE ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	NPI#
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICIAN SIGNATURE	DATE	

<input type="checkbox"/> Pediatric  <b>Dog Nebulizer</b> Compressor Nebulizer with Carry Bag	<input type="checkbox"/> Pediatric  <b>Fish Nebulizer</b> Compressor Nebulizer with Carry Bag	<input type="checkbox"/> Pediatric  <b>Turtle Nebulizer</b> Compressor Nebulizer No Carry Bag	<input type="checkbox"/> Adult  <b>AeroMist Compact</b> Compressor Nebulizer No Carry Bag
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WE ACCEPT MOST INSURANCE AND ALL GEORGIA MEDICAID  
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