

Fox Valley Pulmonary Medicine, S.C.

Due to the high cost of prescriptions and medical equipment, we want to be sure that your prescriptions for medication and/ or medical equipment are sent to your insurance authorized pharmacy or home care company. For that reason, we ask that you complete this form entirely and bring it to your appointment.

We understand that you may not have prescriptions for medications and/or home medical equipment currently; however, if you were to be prescribed any in the future, this information is very important to us.

Patient Name: _____ DOB: _____

What pharmacy do you use for your prescription medication?

Name:

Address:

Do you use a mail order pharmacy? YES / NO

If so, Name and Address: _____

If you were prescribed medical equipment at home (e.g. CPAP machine, oxygen, or nebulizer) what home care company would you use? (*If you are not sure please call your insurance to find out which Durable Medical Equipment Company is covered.*)

Examples of Home Care Companies include but are not limited to:

Apria

Great Lakes Home Medical

Agnesian

GBHME

Aurora VNA

Lincare

Bel-Regional (Bellin Home Health)

TheDACare at Home

Erickson's

Bayside Home Medical