Children's MINNESOTA

Durable medical equipment

Pulmonary/ENT

Pulmonary/ENT

☐ Nebulizer
- ☐ Portable Date issued:_____
- ☐ Standard Date issued:_____

☐ Oximeter
- ☐ Portable Date issued:_____
  - ☐ Owned ☐ Rented
- ☐ Stationary Date issued:_____
  - ☐ Owned ☐ Rented

Setting
HR low:_____ High:_____
O2 Stat low:_____ High:_____

☐ CPAP ☐ BIPAP ☐ MR850 ☐ Other
Type:_____ Date issued:_____
Settings:_____
☐ Owned ☐ Rented

☐ Vent
Type:_____ Date issued:_____
Settings:_____

☐ Trach ☐ Cuffed ☐ Uncuffed
Type:_____ Date placed:_____
Size:_____

☐ Suction
- ☐ Portable Date issued:_____
  - ☐ Owned ☐ Rented
- ☐ Stationary Date issued:_____
  - ☐ Owned ☐ Rented

☐ Humidifier
Date issued:_____
☐ Owned ☐ Rented

☐ Cough assist machine
Date issued:_____
☐ Owned ☐ Rented

Prescribing physician:_____
DME/supply company:_____
Secondary company:_____

Notes: