



Norco Pharmacy  
Boise, ID 83702

EMR: Norco Pharmacy  
NCPDP: 1310933 OR Fax Form: (833) 726-1971  
[www.norcomedical.com/pharmacy](http://www.norcomedical.com/pharmacy)

### Nebulized Respiratory Medication Order Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

ICD10 Diagnosis Code: \_\_\_\_\_

**Include Nebulizer / Compressor and Related Supplies** (E0570/A7003/A7004/A7005)  
(Include chart notes if nebulizer/compressor is ordered)

**Add AEROBIKA O-PEP Combination Therapy for Airway Clearance** (E0484)

Select Medication	Frequency	Quantity	Refills
<input type="checkbox"/> Albuterol 0.083% 2.5mg/3ML (SABA)	_____	_____	_____
<input type="checkbox"/> Ipratropium 0.5mg / Albuterol 3mg/3ML (SAMA/SABA)	_____	_____	_____
<input type="checkbox"/> Brovana (arformoterol) 15mcg/2ML (LABA)	_____	_____	_____
<input type="checkbox"/> Perforomist (formoterol) 20mcg/2ML (LABA)	_____	_____	_____
<input type="checkbox"/> Yupelri (revefenacin) 175mcg/3ML (LAMA)	_____	_____	_____
<input type="checkbox"/> Budesonide 0.5mg/2ML (ICS)	_____	_____	_____
<input type="checkbox"/> Tobramycin 300mg/5ML (Antibiotic)	_____	_____	_____
<input type="checkbox"/> Other Med: _____	_____	_____	_____

### PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy Phone: (844) 819-4907 Fax: (833) 726-1971  
400 W. Main Street Boise, ID 83702  
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