Finnegan HEALTH SERVICES
6805 W. 12th Street, Suite F
Little Rock, AR 72204
Toll-Free: **1-888-789-6600**
Fax: **501-663-6668**

AeroChamber & Peak-Flow Meter Order Form

Fax to **501-663-6668**. We'll take care of the rest. Form also available at: **finneganhealth.com/forms**

FHSID | **WEB**

1 PATIENT INFORMATION

Name: _____

Date of Birth: _____ **Sex:** ☐M ☐F

Phone #: _____

Email: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name: _____

Relationship to Patient: _____

Medicaid #: _____

Insurance Company: _____

Phone #: _____

Policy #: _____ **Group #:** _____

PATIENT DIAGNOSIS

☐ 493.9, Asthma **Other:** _____

SHIP ORDER TO *(check one)*:

☐ Clinic Address ☐ Patient Address ☐ Pick Up at FHS

EQUIPMENT NEEDED *(check one)*:

☐ Small Z-Stat Chamber *w/ mask* (orange)
☐ Medium Z-Stat Chamber *w/ mask* (yellow)
☐ Large Z-Stat Chamber *w/ mask* (blue)
☐ Z-Stat Chamber *no mask* (blue)
☐ Peak-Flow Meter Only

2 CLINIC INFORMATION

Physician's Name: _____

Clinic: _____

Address: _____

City/State/ZIP: _____

Phone #: _____

NPI #: _____

3 AUTHORIZATIONS

M.D. SIGNATURE + DATE:

. . . . . .

PATIENT SIGNATURE + DATE:

. . . . . .

Finnegan Health Services is committed to protecting your private health information (PHI). For a copy of our privacy act/patient bill of rights, call or write us. By signing above, you authorize us to bill Arkansas Medicaid & give us permission to disclose your PHI to provide & collect payment for these services.

CLICK TO **EMAIL FORM**