



Rehab Services, LLC
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**Blood Pressure Monitor with Cuff
Physician Order, Prescription and Certificate of Medical Necessity**

Patient Name: _____

Patient Phone Number: _____

Patient DOB: _____ Date of Order: _____

Blood Pressure Cuff Size: _____ Diagnosis Code: _____

Size	Cuff Range
Small	15 - 24cm (5.91" x 9.45")
Medium	22 - 42cm (8.66" x 16.54")
Large	42 - 48cm (16.54" x 18.90")
Extra Large	48 - 61cm (18.90" x 24")

Notes: _____

By signing below, I deem this Medical Device listed above to be medically necessary and prescribe it to be provided at home for the patient listed.

Physicians Signature: _____ Date: _____

Physicians Printed Name: _____

Fax to 800.486.5633. Please include Patient Demographic Sheet.