



# FAX ORDER FORM

For use during business hours only.  
Monday - Friday 8:00am - 5:00pm

4820 Park Glen Rd., St. Louis Park, MN 55416  
Phone: (952) 920-0460 Fax: (952) 920-0480

Date: \_\_\_/\_\_\_/\_\_\_ Facility/Clinic: \_\_\_\_\_ Faxed by: \_\_\_\_\_ Phone: \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

SSN: \_\_\_ - \_\_\_ - \_\_\_ Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

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

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

## GENERAL ORDERS

Diagnosis (REQUIRED): \_\_\_\_\_ Length of Need: \_\_\_\_\_

- Hospital Bed
- Bariatric Bed (300+ lbs)
- Group 1 Support Surface Geo Matt

### OTHER PRODUCTS

Product Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information (If Necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Specialty Mattresses (Group II)

- APM<sup>2</sup> (motorized)
- Low Air Loss (motorized)
- PressureGuard CFT
- CPM Settings \_\_\_/\_\_\_

Wheelchair  16"  18"  
 20"  22"

Walker \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Important Notice - To ensure proper processing of this order:

1. BEFORE FAXING: Ensure diagnosis is entered where applicable.
2. AFTER FAXING: Call 952-920-0460 to confirm receipt of fax.

# FAX COMPLETED FORM TO 952-920-0480

### 8 Convenient Metro Locations

Burnsville  
952-898-5008

Coon Rapids  
763-231-2077

Maple Grove  
763-494-4966

Maplewood  
651-789-7500

Shakopee  
952-445-5454

St. Louis Park  
952-920-0460

St. Paul  
651-789-1767

Woodbury  
651-789-0050