## **DME/Medical Supplies Physician Order Form**

This order form cannot be accepted beyond 90 days from the date of the physican's signature. Fax completed form to 704-781-5502.

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	-	ed Durable Medic										
This section	n was comple	eted by (check one): 🗆 F	Requesting Phys	sician	Other:						-	
Patient name:						Patient DOB: / /						
Patient Ins	surance & ID#	#:	T		Is Patient under 21 years of age?YES   NO							
_Patient SSN	N:		Patient	t address:								
Patient Telephone:			Patient Email:				Patient Living Status:					
Provider NI	PI:		Other:			S	Supplier Benefit Code:					
Other:			Other:			c	Other:					
Physician n			Physician tele	•			hysician Fa					
-		POS being requested (								neces	sity and	
		cribed items are appro	priate and can	safely be used	d in the client's				escribed.			
	presentative						oate:	/	/			
		name (Typed or Printed)			Fach		Dui au	1-41-	! - 4b - 6:4			
Item Number			Quantity (Number)		Each, Box,	Prior authorization		Is this the first order of this		Custom item? <sup>1</sup>		
	(,	supp		(Humber)	Case	required?		item*?				
1						<b>□ Y</b>	□ <b>N</b>	□Y	□ <b>N</b>	ΠY	□ <b>N</b>	
2						□ <b>Y</b>	□ N	<b>□ Y</b>	□ <b>N</b>	□ Y	□ <b>N</b>	
3						пΥ	n N	□ <b>Y</b>	□ N	□Y	□ <b>N</b>	
4						Y	□ N	□ <b>Y</b>	□ N	□ Y	□ N	
									⊔N	□ <b>1</b>	⊔ IN	
		ocumentation must be p	provided to supp	oort determina	tion of medical	necess	sity.					
	additional do	VEC	□ NO □									
*Has patier	nt received th	is item before? YES I		If ye	es, did insurance	cover	it:					
Section I	B: Diagnos	is and Medical Ne	ed Informati	ion								
				0								
This is a pr	rescription fo	or DME/supplies and m	nust be filled ou		cribing physicia	an.						
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