

STANDARD WRITTEN ORDER / CMN 1768 Highway 501, Myrtle Beach, SC 29577 1-843-448-8315 (Phone) • 1-843-448-8317 (Fax)

| *Date of Order | | | |
|---|--|--|-----------------------------------|
| *Patient Name | | DOB | Telephone |
| Address | | City | State Zip |
| Primary Diagnosis | | HT | WT |
| Secondary Diagnosis | | | 9 = Lifetime |
| INSURANCE INFOR | RMATION | y: | 9 – Lifetilie |
| MEDICARE # | | MEDICAID # | |
| INSURANCE | | TELEPHONE | |
| POLICY # | | POLICY HOLDER | |
| RESPIRATORY EQU | UIPMENT - | | |
| Oxygen Concentrator: | LPM Portable Gaseous System | and content(s)?YN | |
| ☐ Conserving Device | ☐ Home Fill Compressor | | |
| ☐ Continuous via Nasal Cannula or Other OR ☐ Nocturnal via Nasal Cannula or Other | | | Cannula or Other |
| ☐ Nebulizer | ☐ Nebulizer Filter 2/month | ☐ Nebulizer Set 2/montl | h |
| HOME MEDICAL E | QUIPMENT | | |
| ☐ Seat Lift Chair/Mechanis | m 🗆 Straight Cane | ☐ Quad Cane Small Base | ☐ Quad Cane Large Base |
| ☐ Walker | ☐ Rolling Walker | ☐ Rollator/Rolling Walker w/ S | eat Transport Chair |
| ☐ Manual Wheelchair Seat width >=20"<24" | | ☐ Manual Wheelchair Seat width >=24"<27" | |
| ☐ Wheelchair, Standard | ☐ Wheelchair, Hemi | ☐ Wheelchair, Lightweight | ☐ Wheelchair, Heavy Duty |
| ☐ Wheelchair, Power | ☐ Amputee Limb Support | ☐ Wheelchair Seat Cushion | ☐ Wheelchair Back Cushion |
| ☐ Elevating Legrest | ☐ Anti-tippers | ☐ Shower Chair | ☐ Transfer Bench |
| ☐ Hospital Bed, Fixed Ht | ☐ Hospital Bed, Var. Ht Hi-Lo | ☐ Hospital Bed, Semi-Electric | ☐ Hospital Bed, Hvy Dty Xtra Wide |
| ☐ Trapeze Bar, Attached | ☐ Trapeze Bar, Floor Base | ☐ Patient Lift Hydraulic | ☐ Commode, Fixed Arms |
| ☐ Other | | | |
| Decubitus Care Items: | ☐ Dry Pressure Mattress ☐ Gel Overlay Pad for Mattress ☐ Powered Pressure—Reducing Air Mattress (Low Air Loss) | | |
| * NPI: | Address: | | |
| *Physician/Treatin | g Practitioner Signature | *Print Name | *Date |