



DETAILED WRITTEN ORDER PRIOR TO DELIVERY / CMN
612-10 Jefferson Street, Whiteville, NC 28472
1-910-642-2250 (Phone) · 1-910-640-3893 (Fax)

*Date of Order _____

*Patient Name _____ DOB _____ SS# _____

Address _____ Telephone _____

*Primary Diagnosis _____ HT _____ WT _____

Secondary Diagnosis _____ *Length of Need _____ Male [] Female []
99 = Lifetime

INSURANCE INFORMATION

MEDICARE # _____ MEDICAID # _____

INSURANCE _____ TELEPHONE _____

POLICY # _____ POLICY HOLDER _____

RESPIRATORY EQUIPMENT

Oxygen Concentrator: ___LPM Portable Gaseous System and content(s)? ___Y ___N

- [] Conserving Device [] Home Fill Compressor
[] Continuous via Nasal Cannula or Other OR [] Nocturnal via Nasal Cannula or Other
[] Nebulizer [] Nebulizer Filter 2/month [] Nebulizer Set 2/month

HOME MEDICAL EQUIPMENT

- [] Seat Lift Chair/Mechanism [] Straight Cane [] Quad Cane Small Base [] Quad Cane Large Base
[] Walker [] Rolling Walker [] Rollator/Rolling Walker w/ Seat [] Transport Chair
[] Wheelchair, Standard [] Wheelchair, Hemi [] Wheelchair, Lightweight [] Wheelchair, Heavy Duty
[] Scooter, Power [] Wheelchair, Power [] Wheelchair Seat Cushion [] Wheelchair Back Cushion
[] Elevating Legrest [] Heel Loops [] Anti-tippers [] Safety Belt
[] 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 [] Crutches
[] Commode, Fixed Arms [] Shower Chair [] Transfer Bench

[] Other _____

Decubitus Care Items: [] Dry Pressure Mattress [] Gel Overlay Pad for Mattress
[] Alternating Pressure Pad & Pump [] Powered Pressure-Reducing Air Mattress (Low Air Loss)

* NPI: _____ Address: _____

*Physician/Treating Practitioner Signature *Print Name *Date

* Medicare Required Fields