



DETAILED WRITTEN ORDER PRIOR TO DELIVERY / CMN
813 H. East Roosevelt Boulevard, Monroe, NC 28112
1-704-238-0027 (Phone) · 1-704-238-0024 (Fax)

OrthoCarolina Rx - Post-Surgical Services
1915 Randolph Rd Charlotte, NC 28207
Office: 704.323.2462 Fax: 704.323.3992
Directions: make a left out of the Hip/Knee Center onto Caswell, take your 1st left onto Vail, 1st right into OrthoCarolina parking garage. Enter OrthoCarolina building on the first floor

*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 _____

HOME MEDICAL EQUIPMENT

- Seat Lift Chair/Mechanism, Straight Cane, Quad Cane Small Base, Walker, Rolling Walker, Rollator/Rolling Walker w/ Seat, Wheelchair, Standard, Wheelchair, Lightweight, Wheelchair, Heavy Duty, 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, Commode, Fixed Arms, Crutches, 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

LMS-188-B - Ortho
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