



DETAILED WRITTEN ORDER PRIOR TO DELIVERY / CMN
534 N 35th St, Suite M, Morehead City, NC 28557
1-252-247-3657 (Phone) · 1-252-726-9320 (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

LMS-188-B
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