LIBERTY MEDICAL SPECIALTIES

STANDARD WRITTEN ORDER / CMN
813 H. East Roosevelt Boulevard, Monroe, NC 28112
1-704-238-0027 (Phone) · 1-704-312-2567 (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
☐ Alternating Pressure Pad & Pump
☐ Gel Overlay Pad for Mattress
☐ Powered Pressure–Reducing Air Mattress (Low Air Loss)

* NPI: _____ Address: _____

_____ *Physician/Treating Practitioner Signature
_____ *Print Name
_____ *Date

* Medicare Required Fields