



# DME Service Request

Phone: 800-287-0643 • Fax: 973-538-2703



ORDER DATE: \_\_\_\_\_

**\*These fields MUST be completed**

## PATIENT INFORMATION

\*Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ Wt: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Patient E-mail Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Primary Insurance Coverage: \_\_\_\_\_ ID: \_\_\_\_\_

Insured Name (if other than patient): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Secondary Insurance Coverage: \_\_\_\_\_ ID: \_\_\_\_\_

Insured Name (if other than patient): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

## MEDICAL EQUIPMENT

- Standard walker:
  - Youth  Adult
  - Tall  Bariatric

- Rolling walker:
  - Youth  Adult
  - Tall  Bariatric

- Rolling walker w/ seat (Rollator)

- Straight cane
- Offset cane
- Quad cane:
  - Wide  Narrow

- Crutches:
  - Youth  Adult  Tall

- Commode:
  - Standard  Bariatric
- Shower/Bath chair w/ back
- Shower/Bath chair w/o back
- Tub transfer bench
- Raised toilet seat w/ arms
- Raised toilet seat w/o arms

- Hospital bed:
  - Semi-Electric Bed
  - Hi-Lo Bed
  - APP
  - Gel overlay
  - SupremeAir
- Hoyer lift w/ sling arm
- Trapeze bar

- Standard wheelchair:
  - Elevating leg rests
  - Reclining back w/ anti-tipping device
  - Cushion – basic
  - Cushion – gel
- Lightweight wheelchair:
  - Elevating leg rests
  - Cushion – basic
  - Cushion – gel
- Heavy-duty wheelchair:
  - Cushion – basic
  - Cushion – gel
- Formula: \_\_\_\_\_, \_\_\_\_\_ cans/day
- Via pump w/pole \_\_\_\_\_ cc/hr
- Via bolus with kit
- Via gravity with kit and pole
- Other \_\_\_\_\_

Estimated length of need: \_\_\_\_\_ months (99 = lifetime)

**\*These fields MUST be completed**

## PHYSICIAN INFORMATION

Referral's Name: \_\_\_\_\_

\*ORDER DATE: \_\_\_\_\_

\*Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

\*NPI: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_