Lake Region HOME MEDICAL SUPPLY

Physician Order for DME Supplies

Acct: _____

Date of Order: _____

Patient Name: _____ DOB: _____

Date of most recent Face to Face Examination: _____

Diagnosis Code(s) related to item(s) ordered: _____

Equipment/Supplies:	**Quantity**

Start Date (if different than Date of Order): _____

Length of Need: ☐ 12 months ☐ Lifetime ☐ Other: _____

Physician Signature: _____ **Date:** _____

Physician Name: (please print) _____ **NPI:** _____

******Please attach documentation supporting medical necessity of item(s) ordered******

Fax back to: 320-231-4941

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 if any questions.