



STANDARD WRITTEN ORDER / CMN
1120 Ocean Highway West, P.O Box 200, Supply, NC 28462
1-910-755-0023 (Phone) · 1-910-755-6509 (Fax)

\* Date of Order \_\_\_\_\_

\* Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Primary Diagnosis \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_

Length of Need \_\_\_\_\_ (99 = Lifetime) HT \_\_\_\_\_ WT \_\_\_\_\_

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 [ ] Walker
[ ] Rolling Walker [ ] Rollator [ ] Transport Chair [ ] Non-Standard Seat Frame Wheelchair
[ ] Manual Wheelchair [ ] Motorized Wheelchair [ ] Amputee Limb Support [ ] Wheelchair Seat Cushion
[ ] Wheelchair Back Cushion [ ] Elevating Legrest [ ] Anti-tippers [ ] Shower Chair
[ ] Transfer Bench [ ] Hospital Bed [ ] Trapeze Bar [ ] Patient Lift Hydraulic
[ ] Commode [ ] Other \_\_\_\_\_

Decubitus Care Items: [ ] Dry Pressure Mattress [ ] Gel Overlay Pad for Mattress
[ ] Alternating Pressure Pad & Pump [ ] Powered Pressure-Reducing Air Mattress (Low Air Loss)

\* Print Name or NPI \_\_\_\_\_

\* Physician/Treating Practitioner Signature \_\_\_\_\_

\* Medicare Required Fields