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)

*** 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**