

*139 East Main Street  
Forest City, NC 28043  
(828) 245-4591 Fax: (828) 245-1793*

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
\_\_\_\_\_

**Address:**

Forest City, NC 28043

**Phone:** 828-245-4591

**Fax:** 828-245-1793

**NPI:** 1437171949

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

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

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

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Smith's Drugs CANNOT dispense oxygen orders without all documentation required***