Smith's Drugs of Forest City

139 East Main Street
Forest City, NC 28043
(828) 245-9215   Fax: (828) 245-245-1793

Physician Order
Durable Medical Equipment

Patient Name: ______________________________ **DOB:** ____________
Address: ______________________________ **Phone #:** ____________
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Date of Order: ______/______/_____   Length of Need: ________   Height: ________ Weight: _________

Diagnosis (list all): 1) __________________ 2) _________________ 3) __________________

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PLEASE CHECK DME ITEM(S) REQUESTED & ADD ANY ADDITIONAL INFORMATION

❑ Semi-Electric Hospital Bed ❑ Trapeze Bar ❑ Hoyer Lift
❑ Wheelchair ~ ❑ Standard ❑ Light-Weight ❑ Heavy Duty ❑ Transport Wheelchair ❑ Geri Chair
❑ 3-in-1 Bedside Commode ❑ Drop-Arm Bedside Commode ❑ Heavy Duty Bedside Commode
❑ Walker ❑ Front-Wheeled Walker ❑ Rollator Walker ❑ Hemi-Walker ❑ Cane ❑ Quad Cane
❑ Nebulizer ❑ Nebulizer Kits ❑ Suction Machine
❑ Air Overlay ❑ Full Air Mattress ❑ Gel Mattress Overlay ❑ Wheelchair Gel Cushion
❑ Shower Chair ❑ Shower Chair w/ Back ❑ Transfer Bench
❑ Other: ____

Physician's Comments: ____

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Provider Name:	Smith's Drugs of Forest City	**Physician:**	______________________
Address:	139 East Main Street	**Address:**	______________________
	Forest City, NC 28043		______________________
Phone:	828-245-4591	**Phone:**	______________________
Fax:	828-245-1793	**Fax:**	______________________
NPI:	1437171949	**NPI:**	______________________

Physician's Signature: ________________________________ Date: __________________

***** Please Fax This Physician's Order <u>AND</u> Face-to-Face Notes***