

**Smith's Drugs of Forest City**

139 East Main Street

Forest City, NC 28043

Phone: (828) 245-9215 Fax: (828) 641-9677 or (828) 245-1793

**Physician Order  
Durable Medical Equipment**

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



Date of Order: \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of Need: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Diagnosis (list all): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_



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



<b>Provider Name:</b> Smith's Drugs of Forest City	<b>Physician:</b> _____
<b>Address:</b> 139 East Main Street	<b>Address:</b> _____
Forest City, NC 28043	_____
<b>Phone:</b> 828-245-9215	<b>Phone:</b> _____
<b>Fax:</b> 828-641-9677 or 828-245-1793	<b>Fax:</b> _____
<b>NPI:</b> 1437171949	<b>NPI:</b> _____

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

**\*\* Please Fax This Physician's Order AND Face-to-Face Notes to 828-641-9677 or 828-245-1793\*\***