

MEDICAL PHARMACY  
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CHAD WOJNAR R.PH., PRESIDENT

JACK LOVELAND R. PH., VICE PRESIDENT

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### Physician's Order Form for Blood Pressure Monitor (A4670)

Date Ordered: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Initial ☐ Renewal Date Of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Length of Need: \_\_\_\_\_

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### Diagnosis

ICD- 10 Code	Description
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### Equipment / Services

Type of monitoring device:

- ☐ Digital  
☐ Automatic  
☐ One touch

Blood pressure cuff size: \_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI # \_\_\_\_\_

Physician's Address: \_\_\_\_\_

I, the undersigned, certify the above prescribed equipment and/or supplies are medically necessary as part of my treatment for this patient. In my opinion, the equipment and/or supplies prescribed are both reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition. Neither the equipment and/or supplies are being prescribed as "convenience equipment".

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