

New Patient Order



To: Customer Service Intake

Fax: 724-224-9124

Date: _____ Date Equipment is Needed: _____
From: _____ Ordering Doctor: _____
Facility: _____ (Please attach Rx & any medical notes required)
Phone: _____ Fax: _____

Patient's Information

Social Security ID# _____ DOB _____
NAME _____ PHONE _____
ADDRESS _____

Clinical Information

PCP: _____ PCP PHONE: # _____

PRIMARY INS: _____ ID # _____ GRP # _____

SECONDARY: _____ ID # _____ GRP # _____

HEIGHT _____ WEIGHT _____ (approximate) SEX: M or F (please circle)

ANY INFECTIOUS DISEASE PRESENT: If Yes, please specify DX: _____

(please list all patient's diagnosis)

Has the Patient ever received equipment before: If Yes, please specify: _____

EQUIPMENT BEING ORDERED: _____

Alternate / Emergency Contact: (Name / Address / Phone)

Equipment Length of Need: (99/lifetime) or other: _____

Physician Signature

Date

This transmission is intended for the individual or entity identified above and may be considered Protected Health Information (PHI). PHI may be communicated by a Health Care Provider for the purpose of Treatment, Payment and/or Operation. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted by law.

If the recipient of this transmission is not the intended party or the employee or agent responsible for delivering the message to the intended recipient(s), you are hereby notified that any disclosure, copying, distribution or action taken is strictly prohibited.

If you have received this transmission in error, contact the sender immediately and promptly return or destroy in its entirety.

DME/Rehab - Specialty Products - Respiratory - Medical Supplies - Pharmacy - Home Accessibility Aids



301 Corbet Street
Tarentum, PA 15084
724.224.9100 800.472.2440
Fax: 724.224.9124

308 East Sixth Street
Erie, PA 16507
814.454.2863 800.328.9325
Fax: 814.454.2706

3242 Union Road
Cheektowaga, NY 14227
716.688.8911 877.472.0192
Fax: 716.558.7645