NCH north country healthcare | Home Medical Supplies

Phone: 603-444-3077 Fax: 603-696-3363

Durable Medical Equipment Order Form

Patient Name _____

Date of Birth _____

Address _____

Phone Number _____

Item Requested:

- ☐ Wheelchair
- ☐ Transport Chair
- ☐ Walker
- ☐ Walker with wheels and seat
- ☐ Commode
- ☐ Semi-Electric Hospital Bed
- ☐ Other _____

Diagnosis Code (ICD-10) _____

Length of Need _____

_____

Ordering Provider's Name NPI

Ordering Provider's Signature Date

(Please attach patient demographics, and office visit notes indicating medical necessity)