



1073 MAIN ST MANCHESTER CT 06040

DME REFERRAL FORM

PHONE: 860 432-4995

FAX: 781-561-7225

CSR, ORDER DATE, NEED BY, Referral Requested By, PHONE

HOW DID YOU HEAR ABOUT CHARM?

PATIENT NAME, ORGANIZATION, ADDRESS, TELEPHONE, SOCIAL SECURITY #, GENDER, DOB, HEIGHT, WEIGHT, DIAG(S), COMMUNICABLE DISEASE, INSURANCE, MEMBER ID #, EQUIPMENT HISTORY, PHYSICIAN INFORMATION

EMERGENCY CONTACT/NEXT OF KIN INFORMATION

NAME, RELATIONSHIP, ADDRESS, TELEPHONE (H), (C)

EQUIPMENT REQUESTED

Elec Bed Manual Bed Std w/c Light weight w/c Hvy Duty w/c Recliner w/c w/c cushion
W/C SIZES: 16in, 18in 20in 22in ELR's FTRS Walker Walker /wheels St. Cane Large Quad Cane
Sm Quad Cane Crutches Forearm Crutches 3-1 commode RTS RTS w/arms
Bathseat w/back Transfer Bench

SPECIAL DELIVERY/PATIENT NOTES:

Blank lines for special delivery/patient notes