CHARM MEDICAL SUPPLY

DME REFERRAL FORM

TOLL FREE: 877-94-CHARM
DME 781-829-9813 X-135
DME FAX: 781-561-7225

REFERRAL BEING REQUESTED BY:	
Name:	
Relationship:	
Phone #:	
How did you hear about CHARM?	
HAS THE BENEFICIARY BEEN NOTIFIED THAT SUPPLIES ARE BEING REQUESTED ON THEIR BEHALF AND TO EXPECT A CALL FROM CHARM?	

PATIENT INFORMATION: Please complete all lines	
Organization Name:	
Patient Name:	
Street:	
Apt/Floor:	
City:	
Zip Code:	
DOB:	
Phone (Main):	
Phone (ALT):	
FAX:	
E-Mail:	
Weight:	
Height:	
Diagnoses:	
Primary Language:	
Does any person in the residence have a communicable disease?	
If yes:	

INSURANCE INFORMATION	
Primary:	
Secondary:	
Social Security #:	

PHYSICIAN INFORMATION	
Primary MD:	
Practice Name:	
Street:	
City:	
Phone:	
Fax:	

For Group Homes, Assisted Living, etc: HOUSE MANAGER CONTACT INFORMATION	
Name:	
Title:	
Phone #:	
Is there a VNA in the home?	
Name:	
Phone #:	

EQUIPMENT REQUESTED:

SAME / SIMILAR	
MEDICARE :	
MEDICAID:	
REFERENCE #:	
SPOKE WITH?	
Date:	
Completed by?	
Sales:	

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www.charmmedical.com