CHILDREN'S HEALTH
Home Care
7601 Preston Road
Plano, Texas 75024
469-303-HOME (4663)
Fax: 469-303-0003

PHYO
CMC77303-003NS Rev. 11/2017

Home Medical Equipment Order Form

DOB: _____ Location: _____
Patient Name: _____
Medical Record Number: _____
CSN: _____
Date: _____ Gender: ☐ Male ☐ Female

PHYSICIAN INFORMATION

Primary Care Provider (PCP): _____ Office Number: _____

Referring Physician: _____ Fax Number: _____

NPI Number: _____

Referral Coordinator (RC): _____ RC Direct Number: _____

PLEASE COMPLETE ORDER CONTENT BELOW THIS LINE

Treatment Diagnosis / ICD 10: _____

Duration of Need (months): ☐ 3 ☐ 6 ☐ 9 ☐ 12

Requested
Equipment / Supply: _____

*If applicable, please attach Letter of Medical Necessity

Physician Signature: _____ Date: _____ Time: _____
Credentials

Printed Name: _____

Confidential Information: Unless otherwise indicated or obvious by the nature of this transmittal, the information contained in this FAX message is privileged and confidential, intended for the use of the designated recipient (or the employee or agent responsible to deliver to the designated recipient). You are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately via phone at 469.303.HOME (4663) and return original message to the following address: **Children's Health Home Care: 7601 Preston Rd., Plano, TX 75024**

Key: NPI = national provider identifier; ICD 10 = international classification of diseases, 10th revision