

# Memorial Hermann Durable Medical Equipment Order Form

Phone: 281-784-7550 Fax: 281-784-7545



**IMPORTANT INFORMATION:** Medicare/Medicaid policy prohibits the dispensing of DME equipment until a written order and face to face documentation supporting the need for each DME item ordered have been received by the provider. Confirm the face to face date and attach documentation.

Face to Face Visit Date: \_\_\_\_\_

Face to Face Documentation Attached

**Patient Information:**

Please Attach:  Face Sheet  History and Physical

\*\*\*Additional Documentation may be requested to document medical necessity\*\*\*

Start Date: \_\_\_\_\_

Patient Name		DOB	Height	Weight
Street Address		City	State	Zip
Diagnosis:		Length of Need:	Phone/Alternate Phone /	

**Oxygen Equipment Type:** (Check all the apply) \_\_\_\_\_ LPM  Continuous  W/Exertion  Nocturnal  
 Via: \_\_\_\_\_  Nasal Cannula  Bleed In  Other: \_\_\_\_\_  
 Oxygen Concentrator  Portable Gaseous Oxygen System  Stationary Compressed Gas Oxygen System  
 \_\_\_\_\_% Room Air at Rest without Oxygen  POC (Portable Oxygen Concentrator) with oxygen  
 Overnight Pulse Oximetry \_\_\_\_\_% Room Air at Exertion without Oxygen conserving device at a setting of \_\_\_\_\_.  
 Oxygen Conserving Device with a setting of: \_\_\_\_\_  
 Oxygen Conserving Device for use with portable oxygen and pulse oximetry evaluation to maintain O<sub>2</sub> saturation above \_\_\_\_\_%

**Nebulizer**  
 Nebulizer with Compressor  Pediatric kit  
 A7003 Administration set with small volume non-filtered nebulizer, disposable 2/month  
 A7004 Small Volume nebulizer, disposable 2/month  
 A7005 Administration Set with small volume non-filtered nebulizer, non-disposable 1/6 months

TYPE OF MEDICATION: \_\_\_\_\_  
 FREQUENCY OF MEDICATION:  QD  BID  TID  QID  Other: \_\_\_\_\_

**Hospital Beds/Patient Room**  
 Semi-Electric Bed with (1/2 rails or full rails and standard mattress)  
 Bariatric bed with (1/2 rails and standard mattress) patient over 350 lbs  
 Trapeze bar  Heavy Duty Trapeze  
 Other: \_\_\_\_\_  
 Foam Prevention Mattress, or  Gel Foam Overlay, or  Alternating Pressure Pad (APP)  
 Low Air Loss Mattress (Stage III Ulcers and above, located on the trunk or pelvis only)  
 Bedside commode  Heavy Duty Bedside Commode (patient over 350 lbs)  Drop Arm Bedside Commode

**Mobility**  
 Standard Wheelchair  Heavy Duty Wheelchair (patient over 250 lbs)  General Use Seat and Back Cushion  
 Light Weight Wheelchair  Anti Tips  Skin Protection Seat Cushion  
 Hemi-Height Wheelchair  Elevating Leg Rest  Walker with Wheels and Seat (Rollator)  
 Walker with Wheels  Heavy Duty Walker with Wheels  
 Heavy Duty Walker with Wheels and Seat (HD Rollator)  
 Other: \_\_\_\_\_

Certificate of Medical Necessity

Prescription must be manually signed and faxed to: Memorial Hermann Durable Medical Equipment Order Form, Fax: 281-784-7545

AM  
 PM

Signature \_\_\_\_\_ Physician Print Name \_\_\_\_\_ NPI/MHHS ID. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Contact No. \_\_\_\_\_

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