



COACH'S PHARMACY

100 N TEXAS AVENUE, SUITE A
(956) 514-2420

MERCEDES, TX 78570
(956) 514-2530 FAX

PHYSICIAN'S ORDER FOR MEDICAL EQUIPMENT AND SUPPLIES

PLEASE COMPLETE THE FOLLOWING INFORMATION LEGIBLY:

EFFECTIVE DATE:

PATIENT NAME _____ DATE OF BIRTH: _____

ADDRESS: _____

PATIENT ID NUMBER (PRIMARY): _____ MALE

PATIENT ID NUMBER (SECONDARY): _____ FEMALE

ASSIGNED

NON ASSIGNED

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN OR ATTACH THE RX

PROGNOSIS

POOR

FAIR

GOOD

DIAGNOSIS: _____ HEIGHT _____ WEIGHT _____

THE PATIENT NEEDS THE FOLLOWING

CODES	DME EQUIPMENT	FREQUENCY PER DAY	QTY	DURATION	PRICE

I, THE UNDERSIGNED, CERTIFY THAT THE ABOVE PRESCRIBED DURABLE MEDICAL EQUIPMENT IS MEDICALLY NECESSARY FOR THIS PATIENT'S WELL BEING. IN MY OPINION, THE EQUIPMENT IS BOTH REASONABLE AND NECESSARY IN REFERENCE TO ACCEPTABLE STANDARDS OF MEDICAL PRACTICE IN TREATMENT OF THIS PATIENT'S CONDITION AND IS NOT PRESCRIBED AS CONVENIENCE EQUIPMENT.

PHYSICIAN NAME: _____ PHONE NUMBER _____

ADDRESS: _____

----- **NPI**
NUMBER _____

PHYSICIAN SIGNATURE _____ **DATE**

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