

Medical Report

Rx / Detailed Written Order and Letter of Medical Necessity

Patient Information			
Patient Name (Last, First, Middle)	Patient ID	Patient DOB	Primary Device Type
adsd assadsd	P100020	02/12/2007	Lcode
Product / Procedure			
L-CODE	QTY	DESCRIPTION	
L0000012	78	asd	
Diagnosis			
ICD	DESCRIPTION		
I14	hbgdf		
Prescription			
Projected Monthly Frequency	Estimated Length of Need	Start Date	
Daily	Life Time	02/27/2025	
Insurance / Medicare Info	Prescriber Name	Prescriber NPI	
Vendor jedkjerkfr	Dr. Telangana	432536	
Doctor Name	Doctor NPI		
Dr. Telangana	432536		
Prescriber Address	Prescriber Work Phone		
fdfg	+1-2345678765		

The above procedures and any repair and/or parts to maintain proper fit and function are appropriate for this patient and are deemed medically necessary

Medical Necessity:

PRESCRIBER SIGNATURE:

DATE: