

Physician Order Form - Blood Pressure Monitor

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	Health Monitors Inc. 789 Wellness Blvd, Suite 300 Medi City, CA 90210 Fax: 888-123-4567 Call: 800-456-7890

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Hypertension (I10)
- ☐ ☐ Hypotension (I95)
- ☐ ☐ Other: _____

Device Type:

- ☐ ☒ Automatic Blood Pressure Monitor (A4670)
- ☐ ☐ Manual Blood Pressure Monitor (A4671)
- ☐ ☐ Other: _____

Patient Education Required:

- ☐ ☒ Yes
- ☐ ☐ No

Supplies Required:

- ☐ ☒ Cuff (A4672)
- ☐ ☒ Batteries (A4673)
- ☐ ☐ Other Supplies: _____

Follow-up Appointment:

- ☐ ☒ Required
- ☐ ☐ Not Required

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-888-123-4567