

Physician Order Form - Infusion Pump

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	Infusion Supplies Inc. 456 Pump Lane, Suite 200 Health City, NY 10001 Fax: 877-654-3210 Call: 800-789-0123

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Diabetes Mellitus (E10, E11)
- ☐ ☐ Chronic Pain (G89)
- ☐ ☐ Inflammatory Bowel Disease (K50, K51)
- ☐ ☐ Other: _____

Device Type:

- ☐ ☒ Infusion Pump (CPT 96416)
- ☐ ☐ Other: _____

Medications to be Administered:

- ☐ ☒ Insulin
- ☐ ☒ Pain Management Medication
- ☐ ☐ Other: _____

Infusion Rates:

- ☐ ☒ Continuous
- ☐ ☐ Intermittent
- ☐ ☐ Other: _____

Supplies Required:

- ☐ ☒ Infusion Sets

☐ ☒ Reservoirs

☐ ☐ Other Supplies: _____

Patient Education Required:

☐ ☒ Yes

☐ ☐ No

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-877-654-3210