

Physician Order Form - Home Dialysis Machine

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	Dialysis Equipment Supply Co. 456 Care Lane, Suite 300 Health City, TX 75001 Fax: 877-987-6543 Call: 800-123-4567

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ End-Stage Renal Disease (N18.6)
- ☐ ☐ Chronic Kidney Disease (N18.9)
- ☐ ☐ Acute Kidney Injury (N17.9)
- ☐ ☐ Other: _____

Dialysis Machine Type(s):

- ☐ ☒ Hemodialysis Machine (E0392)
- ☐ ☐ Peritoneal Dialysis Machine (E0391)

Supplies Required:

- ☐ ☒ Dialyzer (A4652)
- ☐ ☒ Blood Tubing Set (A4642)
- ☐ ☒ Dialysis Solution (A4649)
- ☐ ☐ Other Supplies: _____

Additional Equipment Needed:

- ☐ ☒ Water Treatment System
- ☐ ☐ Disinfectant Solution
- ☐ ☐ Other Equipment: _____

Patient Training Required:

☐ ☒ Yes

☐ ☐ No

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-877-987-6543