Orbit Medical
Phone: (800) 430-0539
Fax: (800) 430-0255

DME REQUEST FORM

Please complete this form with every order to ensure Orbit has everything necessary to process the request in a timely manner.

Account Information

Account: BCBSA Health Insurance

Account Contact: Tony Wilson PA Phone: (494) 691 2423 Fax: (444) 231 1263

Sales Rep: William Richard Cell: (444) 961 5435

Equipment Request:

- [x] Manual Wheelchair
- [ ] Oxygen ____LPM
- [ ] Hospital Bed
- [ ] Low Air Loss Mattress
- [ ] Power Wheelchair
- [ ] Back Brace
- [ ] Walker
- [ ] Commode
- [ ] Hoyer Lift
- [ ] Knee Brace
- [ ] Rollator
- [ ] Other _____

Patient Information

Patient Name*: Robert Davis **Height*:** 5.6 **Weight*:** 115 kg

Delivery Info
Contact for delivery: #704, 4th Avenue, woodland, Arizona Phone: 564-876-8642

Delivery Address: 456, Old church road, 7th cross street, Arizona, US

Prescribing Physician: Dr. Emily Rodriguez Fax Rx to: 555-6854-1930

The following is attached:

- [ ] **Patient's demographic sheet***
- [ ] **Chart Notes* (within the past 120 days, signed by the MD)**
- [x] **History and Physical**

***Required fields**

Discharge Information

Is the patient discharging? YES NO

Discharge Date: 08/01/2024 Discharge Facility: Kaiser Permanente Oakland Medical Center