**Detailed Product Description (DPD)**

**Patient Name**

**Address**

**Phone**

**DOB**

Start Date:

Qty HCPCS Description of Item Manufacturer Model Part Number

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

Physician Name

Physician Address

Physician Phone

Fax

NPI number

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_