



Written Order Prior To Delivery

Phone: 586-778-2500

Fax: 866-565-5190

Hospital Beds & Accessories
(Semi & Full Electric, Bariatric)

Per Medicare requirements, a SIGNED PHYSICIAN'S ORDER is required PRIOR TO delivery. Please answer all questions below and return to Renaissance Medical. In addition, please make sure a signed copy is kept in your patient's file. As of July 1, 2013, you must forward documentation of a face to face evaluation before delivery can be made.

Patient Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address City/St/Zip: \_\_\_\_\_

Medicare # \_\_\_\_\_ Other Ins Type & # \_\_\_\_\_

Referring Facility: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested Delivery Date: \_\_\_\_\_ Approx Time: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Diagnosis(es) that qualify the need of item delivered: \_\_\_\_\_

Form with checkboxes for bed types (Semi, Full, Super Low, Bariatric, etc.), electric options, and clinical questions regarding patient positioning needs.

Ordering Physician, PA, or Nurse Practitioner Name (Please Print): \_\_\_\_\_

Ordering Physician, PA, or Nurse Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NPI: \_\_\_\_\_

Please Fax This Page with Patient Demographics To: 1•866•565•5190