VITAL DOCTORS
MEDICAL EQUIPMENT

(833) 432-4247 | 9523 I-35 Frontage Rd, Suite #2, San Antonio, TX 78233 | (833) 542-2009

STANDARDIZED DMEPOS WRITTEN ORDER / PRESCRIPTION

(Please complete all applicable sections. Incomplete orders may result in delays.)

PATIENT INFORMATION

PATIENT NAME:	DATE OF BIRTH:	
PATIENT ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	INSURANCE:	

ORDER INFORMATION

DATE OF ORDER:	DATE ORDER IS NEEDED:

LENGTH OF NEED: ☐ 3 Months ☐ 6 Months ☐ 99 Months ☐ Lifetime
(Select one)

DIAGNOSIS (ICD-10 CODE & DESCRIPTION): _____

_____

ITEM(S) ORDERED

HCPCS CODE	ITEM DESCRIPTION	QTY	LENGTH OF NEED	MODIFIERS (If any)

CLINICAL JUSTIFICATION / MEDICAL NECESSITY

(Briefly describe the patient's medical condition and how the ordered item(s) will benefit the patient.)

_____

_____

_____

_____

I certify that I am the treating practitioner identified below. I have prescribed the item(s) listed above. The item(s) are medically necessary to treat the patient's condition and are in accordance with accepted standards of medical practice.

TREATING PRACTITIONER INFORMATION

PRACTITIONER NAME (PRINT):	NPI#:	
PRACTITIONER TITLE / CREDENTIALS:	TAX ID / EIN:	
PRACTITIONER ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	
PRACTITIONER SIGNATURE: _____	DATE: _____	

Note: This order is valid only if signed and dated by the treating practitioner. All fields must be completed for Medicare compliance.
Reference: CMS DMEPOS Order Requirements – https://www.cms.gov/medicare/coverage/durable-medical-equipment-dmepos

Thank you for choosing Vital Doctors Medical Equipment.

If you have any questions or concerns, please contact us at (833) 432-4247.