



Superior Home Medical, Inc.

108 S. Main Street ▪ Monroe, NC 28112

Phone: 704.225.0285 ▪ Fax: 704.225.0287

Detailed Written Order - Equipment

Patient Information:

First: _____ Last: _____ Rep: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ SSN: _____

DOB: _____ Height: _____ Weight: _____

Other Insurance: _____ Policy Number: _____

ICD-10: _____ Diagnosis: _____

Length of Need: _____ (99 years or lifetime)

	Quantity	HCPC	Description of Equipment	Start Date / DOS
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

Physician's Name: _____

Physician's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Physician Signature: _____ Date: _____

Physician NPI# _____

Patient Signature: _____ Date: _____

Representative Signature: _____ Date: _____