



Return Fax to Pink Regalia: 828-785-1882

DME Written Order

Patient Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____
Primary Insurance Company: _____ Member ID: _____
Secondary Insurance Company: _____ Member ID: _____
Referring Practitioner: _____ Practice Name: _____

Lymphedema Diagnosis Code (circle one): I89.0 I97.2 Q82.0

Order Date: _____

Description of Item(s) Including compression level (20-30mmhg), 30-40mmhg), garment type (custom or off the shelf), (thigh, knee, etc.) and quantity to be dispensed.

1. _____ Qty: _____
2. _____ Qty: _____
3. _____ Qty: _____
4. _____ Qty: _____

Affected Side(s) (Circle One): Right Left Bilateral

Ordering Physician: _____ Phone: _____ NPI: _____

Signature of Ordering Physician: _____ Date: _____