

Referral Rx Form

Date (form completed): _____

Member Information (Please Print)

Member Name: _____

Member Phone Number: _____ Date of Birth: _____

Member Shipping Address: _____

Medicare ID#: _____ Medicaid / CHIP ID#: _____

Individual & Family (Exchange) ID#: _____

Provider Information

Ordering Provider's Name: _____

Ordering Provider's NPI #: _____

Provider Office Contact Name: _____

Provider's Phone #: _____ Provider's Fax Number: _____

Rx Date: _____ Provider's Signature: _____

Diagnosis Code: _____

Product Needed (Please select product and size)

Please note: both cuff options accommodate XL arm sizes.

☐ **Standard Adult BP Cuff**

• 8.6" - 16.5" arm circumference

MANUFACTURING:
A&D Engineering



☐ **Bluetooth Enabled BP Cuff**

• 9" - 17" arm circumference

MANUFACTURING:
Omron Healthcare



Return to:

Home Delivery Incontinent Supplies, Inc.

Phone: 1-855-892-2104 | Email: HPPSupport@hdis.com | Fax: 833-396-4663

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