

Confidence First Medical Supplies

316 E Manchester Blvd, Inglewood, CA 90301

P: (310) 330-7636 F: (310) 330-7635

Detailed Written Order

Medicare regulations mandate that all of the following elements be included on the prescription/written order for a Hospital Bed. Also, please provide any chart notes that relate to the equipment being ordered.

Beneficiary Name: _____

Medicare Number: _____ Date of Birth: _____

Description of the item ordered:

Semi-Electric Hospital Bed with Mattress

Heavy Duty Hospital Bed with Mattress

Accessories needed for hospital bed that has been ordered:

Please choose the type of rails to be included with the bed

Full Half None

Please indicate if you would like a Trapeze bar include with the bed

Trapeze Bar: Yes No

Date of completion of the last face-to-face examination if applicable: _____

Pertinent diagnoses/conditions that relate to the need for the item or items ordered:

Length of need in months: (99 = lifetime) _____

Physician's Name: _____ NPI # _____

Physician's signature: _____ Date: _____