MANOR Drug Store
ManorDrug.com
2361 Northgate Blvd
Sacramento, CA 95833
916-922-9392

Fax completed form to
(916) 922-2444

DOCTOR'S WRITTEN ORDER

Prescription Date:_____

Name:_____
Last First Social Security / HIC #

DME Product_____

- ❑ **Medical condition or diagnosis necessitating the particular DME item. This shall include the patient's medical status and functional limitation(s), and a description of how the specific item being requested is expected to improve the medical status or functional ability(ies) of the patient, stabilize the patient's medical condition, or prevent additional deterioration of the medical status or functional ability(ies) of the patient.**

ICD9_____
ICD9_____
ICD9_____

Duration :_____ months _____lifetime
(12-99; 99=lifetime)

***I certify that the above mentioned equipment / supplies is medically indicated and is reasonable and necessary for the treatment of this patient's condition.

Doctor's Name_____
Doctor's Address_____

Doctor's Signature _____ Date_____
Doctor's UPIN# _____ Phone #_____ Fax #_____