

## Referral $\text{R}_x$ 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: \_\_\_\_\_

$\text{R}_x$  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: JHPSupport@hdis.com | Fax: 833-396-4663

This fax contains confidential information intended for the person(s) to whom it is addressed. If you should receive this in error please contact us immediately by return fax or at the above phone number. Unauthorized use of this information may be in violation of criminal statutes or HIPAA Regulations. Under no circumstances shall this material be retained, transmitted, or copied by anyone other than the addressee(s).

**Contact ID: 830792**