



UNC
HEALTH CARE
GENERAL INTERNAL MEDICINE

Internal Medicine Clinic at the Ambulatory Care Center
Mason Farm Rd. & S. Columbia St., CB # 7705, Chapel Hill, NC 27514
Telephone 919-966-1459 FAX 919-843-9355

ATTENTION

Durable Medical Equipment Providers

Order for Durable Medical Equipment

A copy of this order must be attached to your DME or CMN authorization form.

DME or CMN forms you submit without this order will be returned and denied.

Patient _____

Medical Provider _____ Date _____

Diagnosis _____

- I want my patient to have:
- | | |
|--|---|
| <input type="checkbox"/> Wheel chair | <input type="checkbox"/> Bedside commode |
| <input type="checkbox"/> Motorized wheel chair | <input type="checkbox"/> CPAP supplies |
| <input type="checkbox"/> Lift chair | <input type="checkbox"/> Cervical traction device |
| <input type="checkbox"/> Shower chair | <input type="checkbox"/> Custom shoes |
| <input type="checkbox"/> Motorized scooter | <input type="checkbox"/> Orthotic socks |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Diabetic socks |
| <input type="checkbox"/> Walker with wheels | <input type="checkbox"/> _____ |

This form must accompany your DME or CMN forms.