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**ADMC  
PHYSICIAN'S ORDER FORM**

**BENEFICIARY'S NAME:** Ellen M Doe  
**HICN:** 31760962  
**ADDRESS:** 630 WINDSOR STREET Schenectady, NY 12345  
**DATE OF BIRTH:** 1/1/1940  
**PLACE OF SERVICE:** HOME  
**DIAGNOSIS:** 853.00 TRAUMATIC BRAIN HEMORRH NEC

**LENGTH OF NEED:** 99

**Date of Face-to-Face Examination:** \_\_\_\_\_

**ITEMS ORDERED:**

<u>CODE</u>	<u>DESCRIPTION</u>
E1220	W/C,MANUAL,QUICKIE 2
E1298	SEAT DEPTH,22-25"
K0108	BRAKE,UNI-LATERAL PUSH LCK
E2613	
E2607	

**SUPPLIER NAME:** DMEWorks!

**NSC:** 1609976893

**Address:** PO Box 8210 Fleming Island, FL 32006

**Phone Number:** (866)363-9679

**PHYSICIAN NAME:** Dr. John Johnson

**ADDRESS:** 600 N MAIN Schenectady, NY 12345

**PHONE NUMBER:** (555)466-3711

**UPIN:** X12345

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_