AdvancedHealth
Bridging the Future of Healthcare

Advanced Health
289 LaClair St, Coos Bay, OR 97420
Voice: 541-269-7400 • 800-264-0014
Fax: 541-269-7147 • TTY: 877-769-7400

DURABLE MEDICAL EQUIPMENT PRESCRIPTION

NAME:________________________________ **DOB:**_______________ **MEMBER #** ______________________________

ADDRESS:____ **PHONE:** ____________________________

ICD-10 Code: ____________________________ **(Required)**

LENGTH OF NEED: _________________ **Months (Required)**

Were items dispensed? YES ☐ NO ☐

Nebulizer or
Glucose Monitoring Kit # ______________________

	QTY PER MONTH
AUTOMATIC BLOOD PRESSURE MONITOR KIT	

DIABETIC SUPPLIES: ***GUIDELINE TESTING: NON-INSULIN DEPENDENT**(ONCE PER DAY)***
INSULIN DEPENDENT**(THREE TIMES PER DAY)
*****PLEASE FAX CHART NOTES IF ABOVE GUIDELINE TESTING*****

MEMBER IS TO TEST: ________________ **PER DAY** **INSULIN INJECTIONS:** _______________**PER DAY**

	QTY PER MONTH		QTY PER MONTH
EVENCARE TEST STRIPS 50ea/box		PEN NEEDLES 100ea/box	
EVENCARE LANCETS 100ea/box		LANCING DEVICE	
EVENCARE GLUCOSE METER (no charge meter)		CONTROL SOLUTION	
EVENCARE STARTER KIT (meter, 10 strips with lancets)		REPLACEMENT BATTERY	
SYRINGES 100ea/box		ALCOHOL WIPES 200ea/box	

INCONTINENT SUPPLIES (Circle supply)

	QTY PER MONTH
*BRIEFS (Tape- on- style) *PULLUPS (Underwear- style) *PANTY LINER (ANY COMBO 200 PER MO. MAX)	
DISPOSABLE UNDERPADS (Chux) (100 PER MO)	
OR WASHABLE UNDERPADS (8 PER YR MAX)	
GLOVES (2 BOXES PER MO MAX) SM: MED: LG:	

NEBULIZER SUPPLY (Circle supply)

			QTY PER MONTH
NEBULIZER	NEB MASK (1ea/mo)		
SPACER	DISP. NEB CUP KIT (2ea/mo)	PEAK FLOW METER	

PRESCRIBING PHYSICIAN: ____ **Fax#:**________________

SIGNATURE: ____ **DATE:** ____________________

PLEASE FAX YOUR PRESCRIPTION TO Advanced Health at 541-269-7147

(Rev 7/18)