Simpson Medical Equipment Inc.
4017 W Highway 70, Durant, OK 74701-4591, USA
Phone: +1 (208) 783-9802 Fax: +1 (208) 783-9803 Email: info@smequip.com

Patient Information & Consent Form

Please print clearly. If you have questions, call our office during business hours.

Full Name _____

Date of Birth (MM/DD/YYYY) _____

Phone Number _____

Email (optional) _____

Home Address _____

Consent & Acknowledgment

I authorize Simpson Medical Equipment Inc. to discuss my equipment needs with my healthcare provider(s) and to provide durable medical equipment and related services as clinically appropriate. I acknowledge that I am responsible for any charges not covered by insurance/Medicare, including applicable copays or deductibles. I understand I may request a copy of this form at any time.

Patient/Authorized Representative Signature _____ **Date** _____