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

Physician's Prescription / Order Form

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

Patient Information

Patient Name _____

Date of Birth (MM/DD/YYYY) _____

Patient Phone _____

Ordering Provider Information

Provider Name _____

NPI Number _____

Clinic / Facility Name _____

Phone _____

Fax _____

Equipment Requested (check all that apply)

- ☐ Hospital Bed
- ☐ Wheelchair (Manual)
- ☐ Wheelchair (Power)
- ☐ Walker / Rollator
- ☐ Lift Chair
- ☐ Pressure Mattress / Cushion
- ☐ Bathroom Safety Equipment
- ☐ Other (specify):

Diagnosis / Medical Necessity (ICD-10) _____

Special Instructions / Notes _____

Provider Signature

Physician/Provider Signature _____ **Date** _____

Please fax completed form to: +1 (208) 783-9803