NORTHEAST MEDICAL PRODUCTS, INC
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BLOOD PRESSURE MONITOR

Patient Name _____ TEL: _____

Address _____

DOB _____ Height _____ Weight _____

ICD10 codes _____ Length of Need _____

Equipment ordered:

_____ A4670 Automatic Blood Pressure Monitor

Cuff size – Select 1: REG (8.6”-16.5”) (SM: 6.3-9.4”) (XL: 16.5-23.6”)

Coverage Questions:

Y N Does the patient suffer from hypertension?
Y N Is the patient currently on home dialysis?

Physician Name_____

Address _____

TEL _____ Fax _____

NPI _____

_____
Physician Signature Date