Northeast Medical Products, Inc

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An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

BLOOD PRESSURE MONITOR PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Height _____ Weight _____

ICD10 codes _____ Length of Need _____

Alternate Contact Name _____ Relationship _____ Phone _____

Equipment ordered:

_____ A4670 Automatic Blood Pressure Monitor

Cuff Size (Select One) SM (6.3”-9.4”) REG (8.6”-16.5”) XL (16.5”-23.6”)

Coverage Questions:

Y N Does the patient suffer from hypertension?

Y N Is the patient currently on home dialysis?

PLEASE SUPPLY A COPY OF THE NOTES FROM THE FACE-TO-FACE VISIT

(ALL CLINICAL NOTES MUST BE EITHER ELECTRONICALLY SIGNED OR HAVE A WET SIGNATURE)

Physician Name _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____

Physician Signature Date