



Quick Order! FAX SHEET



solutions for your durable medical equipment needs

Toll-free faxline 888.219.6588 Two easy ways to submit your order. Fax us either:

1 The claimant's prescription* and first report of injury:

OR

2 The claimant's prescription* and at least **TWO** of the following three items:

Claimant's name: _____

Date of injury: _____

Claim number: _____

* PLEASE INDICATE: Prescription fax attached Contact the Physician for prescription

Submitted by _____ Date _____

Phone _____ Fax _____

Number of pages (including this page): _____ **Questions? Call us toll-free at 877.496.7461**

PLEASE NOTE: Delays may result if we are unable to obtain all necessary information in a timely manner.