

Quick Order Sheet



Two easy ways to submit your orders:

Fax: +1 888 219 6588

Email: orders@directdme.com

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

Services Required:

Durable Medical Equipment

Home and Vehicle Modifications

Transportation Services

Home Health Care

Language Translation Services

Hearing Aids

Submitted by: _____

Date: _____

Telephone: _____

Fax: _____

Number of Pages (including this one): _____

Questions? Call us toll-free at free at +1 877 496 7461.

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