1 natural way

1 Natural Way
4064 Technology Dr.
Maumee, Ohio 43537

Phone: (419) 513-8304
Fax: (877) 722-5010 or (866) 848-0114
Email: rx@1naturalway.com

Written Order for Blood Pressure cuff

A blood pressure cuff was requested by the patient below. If you agree with this order, please sign and date this form and fax it back to us.

Please confirm that the following information is accurate. (Make any corrections that are needed.)

PRESCRIBER: _____

PHONE: _____

PATIENT'S NAME: _____

PATIENT'S DOB: _____

PATIENT'S PHONE: _____

DUE DATE: _____

GESTATIONAL WEEKS: _____

DIAGNOSIS: **R03.0, O13.9, O16.9**

EQUIPMENT: **A4670** – Blood Pressure Cuff

LENGTH of NEED: **12 Months**

DATE PRESCRIBED: _____

Sign and date the bottom line.

By my signature below, I confirm that I am treating the patient and that the above-named patient requires the use of the items that are listed above. All the information contained on this form accurately reflects the patient's needs. The patient/caregiver can follow instructions and can use the ordered product. For insurance requirements, I will maintain the signed original document in the patient's medical record file for post-payment review purposes.

* **Provider Signature:** _____ **Date:** _____

NPI: _____

* Please note this must be signed by a prescriber with a valid NPI number.