



From: (physician & practice name)	
Fax:	
Phone:	
To:	Tomorrow Health
Fax:	1-888-616-2361
Phone:	1-844-402-4344
Pages:	
Subject:	Medical Equipment & Supply Order

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Medical Equipment & Supply Order Form

Phone: 1-844-402-4344

Fax: 1-888-616-2361

Patient Information

Name: _____ DOB: ____/____/____ Sex: M ☐ F ☐

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Insurance Carrier: _____ Ins. Member ID : _____
(if Medicare, write MEDICARE) OR Medicare #

Order Information

RX Date: ____/____/____ Diagnosis: _____
(Please provide correct ICD-10 Code)

Product Details: (Size, product type, patient preferences)

Frequency of Use: _____
(e.g. 6x day)

Length of Need/Refills: _____

Product Detail Guidance

Please provide this information in the Product Detail section to the left

For Urological Products:

- French size
- Catheter type (coude, straight-tip, hydrophilic)
- attach lab records of UTI history if applicable

For Wound Supplies:

- Dressing/wound dimensions
- # of wounds
- location of wounds
- level of exudate (drainage)
- dressing material

For Orthoses:

- height, weight, foot size, appropriate leg measurement

Provider Information & Authorization

Referring Provider Name: _____ NPI: _____
(please print)

Referring Provider Signature: _____ Date: ____/____/____

I certify that the above products are medically necessary and that the information provided is accurate to the best of my knowledge. By signing, I acknowledge that I have obtained the patient's authorization to release the above information and other medical information that may be disclosed. I certify that my decision to prescribe this recommended product was based solely on my determination of medical necessity set forth herein.

WHAT'S NEXT:

- Upon receiving this script, we will process an order for your patient. If necessary, we will reach out to you or your patient for any supporting documentation or insurance authorization.
- We'll ship the order and it will arrive directly at your patient's home, after which we'll reach out to assist with setup
- We'll keep you in the loop throughout, so you never have to wonder whether your patient has been taken care of.