



DETAILED WRITTEN ORDER

I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes.
 (Please cross out the check box if you don't agree with this statement)

Chart Notes Attached
 (Chart notes must include the need for the equipment being ordered)

Order Date: _____ Patient's Name: _____ Patient's Date of Birth: _____ Diagnosis: _____ _____ Products: _____ _____ Frequency of Use: _____ Length of Need: _____	Account Number: _____ Height: _____ Weight: _____ Notes:
Physician's Information	
Name & Credentials: _____ Physician's NPI Number: _____ Signature: _____ <p style="text-align: center; font-size: small;">(stamped signature not accepted)</p> Signature Date: _____	

<u>MICHIGAN LOCATIONS</u>	EASTPOINTE	LIVONIA	SAGINAW	<u>FLORIDA LOCATION</u>
CENTER LINE	21571 Kelly Rd	13450 Farmington Rd	5599 Bay Rd	LONGWOOD
Corporate & Retail Location	FARMINGTON HILLS	LIVONIA	SOUTHGATE	830 S. Ronald Reagan Blvd
26834 Lawrence	Tri-Atria Building	St. Mary Mercy Hospital	18800 Eureka Rd	866-928-0003
Center Line, MI 48015	32255 Northwestern Hwy	36475 5 Mile Rd	STERLING	
586-755-2300	FLINT	ROYAL OAK	HEIGHTS	
888-BINSONS	G-4433 Miller Rd	30475 Woodward Ave	43900 Schoenherr Rd	
Fax: 586-755-2322			TROY	
			6475 Rochester Rd	