



**888-BINSONS**  
**Fax: 586-755-2322**

## 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: _____ _____ _____ _____
<b>Physician's Information</b>	
Name & Credentials: _____ Physician's NPI Number: _____ Signature: _____ <p style="text-align: center; font-size: small;">(stamped signature not accepted)</p> Signature Date: _____	

<b><u>MICHIGAN LOCATIONS</u></b>	<b>DEARBORN</b> 5250 Auto Club Dr	<b>LIVONIA</b> 13450 Farmington Rd	<b>SAGINAW</b> 5599 Bay Rd	<b><u>FLORIDA LOCATION</u></b>
<b>CENTER LINE</b> Corporate & Retail Location 26834 Lawrence Center Line, MI 48015 586-755-2300	<b>EASTPOINTE</b> 21571 Kelly Rd	<b>LIVONIA</b> St. Mary Mercy Hospital 36475 5 Mile Rd	<b>SOUTHGATE 18800</b> Eureka Rd	<b>LONGWOOD</b> 830 S. Ronald Reagan Blvd 866-928-0003
<b>888-BINSONS</b> Fax: 586-755-2322	<b>FARMINGTON HILLS</b> <b>Tri-Atria Building</b> 32255 Northwestern Hwy <b>FLINT</b> G-4433 Miller Rd	<b>ROYAL OAK</b> 30475 Woodward Ave	<b>STERLING HEIGHTS</b> 43900 Schoenherr Rd	
			<b>TROY</b> 6475 Rochester Rd	