

CUSTOMER INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Height: _____ Weight: _____

Please attach the following as applicable:

Demographic Sheet Copy of Insurance card(s) Test result(s) Rx (s)

Physician's Note: Signed and dated note and/or medical records documenting need.

INSURANCE INFORMATION

Insured Name: _____ Date of Birth: _____

Primary Insurance: _____ ID Number: _____ Group: _____

Secondary Insurance: _____ ID Number: _____ Group: _____

ICD-10 Codes/Diagnosis: _____ Length of Need (99=Lifetime): _____

ORDER

Visit bellevuehealthcare.com for product information or speak with one of our knowledgeable representatives toll-free at **1-866-451-2842**.

Item ID #	Item – Please be specific as possible -	Quantity	Rental	Purchase
			<input type="checkbox"/>	<input type="checkbox"/>
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ORDERED BY

Ordered by: _____ Phone: _____

Physician: _____ NPI: _____

Physician's Signature:* _____ Date: _____ *Required if separate Rx/note is not included

Bellevue/Redmond P: 425-451-2842 F: 425-467-6661	Bellingham P: 360-527-0475 F: 360-527-0477	Bend P: 541-647-1190 F: 541-306-5155	Bremerton P: 360-373-3600 F: 360-373-3660	Coeur d'Alene P: 208-676-1768 F: 208-665-9630	Everett P: 425-258-6700 F: 425-258-6710	Kennewick P: 509-586-2778 F: 509-585-2777	Lacey P: 360-438-2955 F: 360-438-2112
Moscow P: 208-997-3033 F: 509-436-1582	Portland P: 503-659-1270 F: 503-659-1520	Seattle P: 206-724-0033 F: 206-388-0033	Sequim P: 360-681-0111 F: 360-681-2444	Spokane P: 509-532-7779 F: 509-532-1088	Tacoma P: 253-274-8500 F: 253-274-8501	Wenatchee P: 509-662-8700 F: 509-662-8715	Yakima P: 509-452-3700 F: 509-452-3701

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