

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

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Item ID #	Item - Please be as specific as possible	Quantity	Rental	Purchase

ORDERED BY

Ordered by: _____	Phone: _____
Physician: _____	NPI: _____
Physician's Signature*: _____	Date: _____ <small>*Required if separate Rx/note is not included</small>

Bel-Red P: 425.451.2842 F: 425.467.6661	Burlington P: 360.999.5635 F: 360.395.2995	Lacey P: 360.438.2955 F: 360.438.2112	Tacoma P: 253.274.8500 F: 253.274.8501	Walla Walla P: 509.593.1495 F: 509.231.7101	Coeur d'Alene P: 208.676.1768 F: 208.665.9630	Eugene P: 541.359.2471 F: 541.225.5871
Bellingham P: 360.527.0475 F: 360.527.0477	Everett P: 425.258.6700 F: 425.258.6710	Liberty Lake P: 509.850.3997 F: 509.532.1088	Tukwila P: 206.724.0033 F: 425.467.6661	Wenatchee P: 509.662.8700 F: 509.662.8715	Moscow P: 208.997.3033 F: 509.436.1582	Portland P: 503.659.1270 F: 503.659.1520
Bremerton P: 360.373.3600 F: 360.373.3660	Kennewick P: 509.586.2778 F: 509.585.2777	Sequim P: 360.681.0111 F: 360.681.2444	Vancouver P: 360.450.4705 F: 360.450.4017	Yakima P: 509.452.3700 F: 509.452.3701	Bend P: 541.647.1190 F: 541.306.5155	Salem P: 503.436.5859 F: 503.877.6895