

**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>

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