

CUSTOMER INFORMATION

Name:		Date of Birth:	
Address:			
City:	State:	Zip:	Phone:
Email:	Height:	Weight:	
Please attach the following as applicable:			
<input type="checkbox"/> Demographic Sheet	<input type="checkbox"/> Copy of Insurance card(s)	<input type="checkbox"/> Test result(s)	<input type="checkbox"/> Rx (s)
<input type="checkbox"/> 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"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>

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	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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