

Durable Medical Equipment and Respiratory Medical Gas,  
Equipment and Supplies Face-to-Face Encounter

Progress Note

Prog&Orders

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ MRN#: \_\_\_\_\_

**Certification Date**

I certify that this patient is under my care and that I had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Medical Condition**

The encounter with the patient was in whole, or in part, for the following medical condition, which is the **primary reason for the DME and/or respiratory medical gas, equipment, supplies ordered (list medical condition(s))**:

**Durable Medical Equipment/ Respiratory Medical Gas, Equipment/Supplies Ordered**

I spoke to the patient about the need and certify that, based on my findings, the following items are medically necessary:

**Clinical Findings/Progress Note**

My clinical findings support the need for the above services **because**:

Community Physician to manage follow-up: \_\_\_\_\_

**Certification: Based on my findings these above listed items are *medically* necessary.**

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Physician's Printed Name \_\_\_\_\_

EMR# \_\_\_\_\_ NPI \_\_\_\_\_

Patient Label

WR116-020 (7/3/13)

**Durable Medical Equipment, Respiratory Medical Gas,  
Equipment and Supplies Certification Form**