



MEDICAL EQUIPMENT & SUPPLIES ORDERING GUIDE

The following items are required for new orders. Please compile and fax completed order packet to **650-931-8928** OR email orders@chme.org. This form may be printed and attached to order for reference. ***Missing components may cause delay in processing and delivery of order.***

Hospital/Facility Discharges & Urgent Orders:

- Please note "Discharge" with discharge date on fax coversheets for all discharges.
- Please note "URGENT" on fax coversheets referencing orders **ONLY** for Enteral, NPWT, Nebulizers, Ostomy, Oxygen or Pediatric Respiratory Items.

Confirmation of Order Receipts: Confirmation of order receipts will be responded directly to the available return fax number on the referral's fax coversheet, OR via online referral portal ie. - Allscripts.

Afterhours/Weekend/Holiday Discharges: Please submit referral via fax or email **AND** contact CHME at 650-357-8550; opt 2 and the answering service will assist you.

Please Provide:

- ☐ 1) Demographics with Insurance
- ☐ 2) Height & Weight
- ☐ 3) Physician's Order
 - ☐ *Detailed Description – include size and ref # (if available)*
 - ☐ *Quantity/Settings*
 - ☐ *Length of Need*
 - ☐ *Physician Signature, Date & NPI*
- ☐ 4) Progress Notes – Physician / NP / PA / PT / OT / RT / SLP / RD
 - ☐ *Related Primary Diagnosis (ICD-10)*
 - ☐ *Secondary Diagnosis (if applicable)*
 - ☐ *Related detailed condition of patient (Medicare verbiage, if applicable)*
 - ☐ *Lab/Test Results (if applicable)*

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Please provide the following info for reference:

- ☐ Referral Coordinator & Contact Info for additional documents, if needed.
- ☐ Contact Person & Contact Info/Relationship to confirm delivery address.

**Main Office: (650) 357-8550**  
**After Hours / Weekends / Holidays:**

**Main Fax: (650) 931-8928**  
**(650) 357-8550; Opt 2**