

Phone: 1-877-902-9726 Fax: 1-866-811-4500

For CA orders: Phone: 1-800-213-0890 Fax: 1-800-238-9252

### Patient Information

Customer Name: \_\_\_\_\_

Ship-To Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Tel # Daytime: (\_\_\_\_\_) \_\_\_\_\_

Tel # Evening: (\_\_\_\_\_) \_\_\_\_\_

DOB: \_\_\_\_\_  M  F

Is patient being seen by a home health nurse?  
 Yes  No

### Patient Insurance Information

Medicare  Medicaid  Private Insurance

Insurance Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Insurance Tel #: (\_\_\_\_\_) \_\_\_\_\_

### Patient Secondary Insurance Information (if applicable)

Insurance Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Insurance Tel #: (\_\_\_\_\_) \_\_\_\_\_

### I need to order (check all that apply):

- Diabetes Supplies
- Ostomy Supplies
- Wound Care Supplies
- Urology Supplies
- Incontinence Supplies
- Enteral Supplies

### Physician Information

Dr. Name: \_\_\_\_\_

Dr. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dr. Tel #: (\_\_\_\_\_) \_\_\_\_\_

Dr. Fax #: (\_\_\_\_\_) \_\_\_\_\_

### If you are a prescriber, please complete the following:

Prescriber Name: \_\_\_\_\_

Secure Fax #: \_\_\_\_\_

NPI: \_\_\_\_\_

Checking this box attests the prescriber signature below corresponds to the prescriber name and NPI detailed above.

### Prescriber Signature:

\_\_\_\_\_

### Payment Method (if ordering non-covered items)

Check or money order, payable to Byram Healthcare

MasterCard  VISA  American Express  Discover

Card #: \_\_\_\_\_

Exp Date (mm/dd/yr): \_\_\_\_\_

Signature: \_\_\_\_\_

Product Number	Product Description	Quantity

\*Medicare allows a 90 day order for many supplies.

Visit us online: [www.byramhealthcare.com](http://www.byramhealthcare.com)   

- Diabetes
- Ostomy
- Wound Care
- Urology
- Incontinence
- Enteral Nutrition