VNA Home Health of Maryland
7008 Security Blvd, Suite 200
Baltimore, MD 21244
Main: 410-594-2600
DME VM: 410-277-4232 Fax: 410-594-2819

DME REFERRAL FORM

I. Referral Source

Facility:	Date of Referral:	Facility Contact:	Contact Phone#:

Ordering Physician:	Phone #:	Hospital Room #:

II. Patient Information

Last Name:	First Name:	Middle:	Phone#:
Street Address:	City:	State:	Zip Code:
Social Security #:	Sex: Male Female	DOB:	Caregiver Name/Phone#:
Primary Dx:	Secondary Dx:	Patient Height:	Patient Weight:

III. Insurance Information

Member Name, if other than Patient:			
Primary Type of Insurance:	Policy #:	Group #:	Phone #:
Secondary insurance:	Policy #:	Group #:	Phone #:

IV. Equipment Information

Type of DME:	Specific Information:
Walker: 3" Wheeled 5" Wheeled Standard Rollator	
Cane: Single Point Quad-Large Base Quad-Small Base	
Commodes 3 in 1 Drop Arm Extra Wide/ Heavy Duty	
Mattress: GP I: Gel Overlay APP GP II: Low Air Loss Alternating Air	
Hospital Bed: Semi - Electric Fully Electric Full Rails ½ Rails Trapeze Bar	
Wheelchair: Standard Lightweight Elevated Leg Rests Transport Chair Self-Propelling Femur Length_____	
Specialty Wheelchair: Contact / # Physical Therapist _____ Loaner manual wheel chair necessary	
Enteral Nutrition Formula _____ Pump Gravity Bolus J-tube PEG NGT Prescription Attached	
Oxygen: liters/min_____ RA O2 Sat _____ Date/time obtained_____ Prescription & Documentation Concentrator Portable deliver to the home Portable deliver to the hospital	
Other:	

Patient's vendor preference:_____ Patient has no vendor preference	Vendor Selected:_____ Referral Processed By:_____ Referral Placed To: _____ Date: