

**DME Intake Form**



**CHESTERFIELD PHARMACY**

Durable Medical Equipment

703 Columbia St.,  
Suite 100  
Seattle, WA 98104  
Tel: (206) 838-6071  
Fax: (206) 838-9775

**PATIENT INFORMATION**

DATE OF REQUEST: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ D.O.B. : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**INSURANCE INFORMATION**

INSURANCE NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

**DOCTOR'S INFORMATION**

DR. NAME: \_\_\_\_\_ DR. PHONE NUMBER: ( ) \_\_\_\_\_

DR. FAX NUMBER: ( ) \_\_\_\_\_ DR. FACILITY: \_\_\_\_\_

DR. NPI#: \_\_\_\_\_

**ORDER INFORMATION** (Does patient currently receives the supplies at any other pharmacy?) \_\_\_\_\_

**ITEMS REQUESTED:**

<i>ITEM</i>	<i>QUANTITY</i>	<i>DESCRIPTION</i>

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Office use only:*

Person who took order: \_\_\_\_\_

\*Social Security Number and Date of Birth is required for all DSHS clients.