Medoville Inc.
12821 Oak Hill Ave Hagerstown,
MD 21742
Phone: 888-630-2334
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110 Baughmans Lane, Suite 106
Frederick, MD 21702
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Physician's Order & Certificate of Medical Necessity Form

PLEASE INCLUDE PATIENT DEMOGRAPHICS & FACE TO FACE EVALUTION SHEETS

PATIENT INFORMATION

Name:_____ Date of Birth:_____

Address: _____

City: _____ State/ Zip Code: _____

Social Security #: _____ Home Phone # : _____

Gender: ☐ M ☐ F HT: _____ WT: _____ Emergency Phone: _____

Diagnosis *(Please indicate ICD-10 with description)*: _____

INSURANCE INFORMATION

Insurance Company Name:_____ Insurance Company Ph #:_____

Guarantor Name:_____ Guarantor Date of Birth: _____

I.D. #: _____ Group #: _____

PRESCRIPTION

Start of Care Date:_____/____/_____ Length of Need (in months):_____(1-99, 99 = lifetime)

Ambulatory Aides, Aides to Daily Living & Hospital Beds

☐ Wheelchair
- ☐ Standard
- ☐ Light Weight
- ☐ Heavy Duty
- ☐ Other
- ☐ Foot Rests
- ☐ Elevating Leg Rests
- ☐ Reclining Back
- ☐ Anti-Tippers
- ☐ Brake extension
- ☐ Seat Belt

☐ Standard
☐ Bariatric
- ☐ Scooter (POV)
- ☐ Rollator
- ☐ Walker with Wheels
- ☐ Bedside commode
- ☐ APM/low air loss mattress
- ☐ Hospital bed Pkg ☐ Semi electric ☐ Full electric
- ☐ Power Wheelchair
- ☐ Walker
- ☐ Drop arm commode
- ☐ Crutches

Blood Pressure Monitor

Size: ☐ Adult ☐ Adult Large

☐ Other:_____

☐ Other:_____

Orthosis / Braces

- ☐ Ankle Brace
- ☐ ROM Knee Brace ☐ RT ☐ LT
- ☐ Ankle Walker
- ☐ Wrist Splint
- ☐ Hinged Knee Brace
- ☐ Pneumatic Ankle Wlkr ☐ RT ☐ LT
- ☐ Back Brace
- ☐ Hinged Knee Brace

Compression Stockings (Please circle size)

- ☐ Knee High
- ☐ Pantyhose
- ☐ Thigh High
- ☐ Arm-sleeve Gauntlet
- ☐ 15-20 mmHg
- ☐ 30-40 mmHg
- ☐ 20-30 mmHg
- ☐ 40-50 mmHg
- ☐ Custom_____mmHg

Open Toe ☐ Yes ☐ No ☐ Yes ☐ No

	Ankle Circumference	Calf Circumference	Knee Length Wide Calf	Calf Length	Thigh Circumference	Thigh Length
S	7"-8"	10 1/2"-14 1/2"	-	16" - 22"	To 16"	To 29"
M	8"-9 1/2"	11 1/2" - 15 1/2"	-	17 1/2" - 24"	To 17"	To 30"
L	9 1/2" - 11"	12 1/2" - 17"	12 1/2" - 21"	19 1/2" - 26"	To 18"	To 31"
XL	11" - 12 1/2"	13 1/2" - 18"	19 1/2" - 23"	22" - 28"	To 19"	To 32"
XXL/Q	12 1/2" - 13 1/2"	14 1/2" - 20"	-	26" - 32"	To 19"	To 33"
XXXL/Q+	13 1/2" - 14 1/2"	18 1/2" - 23"	-	29 1/2" - 35"	To 19"	To 33"

I certify that the above services are required, medically necessary and authorized by me. This patient is under my care, and is in need of the services specified herein. This document may serve as written confirmation of a verbal order, and the information above is contained in the patient's medical record.

Physician Signature:_____**Date:**_____
(Same as start date unless otherwise noted)

Physician Name*(Printed)*:_____ **NPI #**:_____

Address: _____City:_____State:_____Zip:_____

Phone #: _____ Fax #:_____