Referral Form

205.326.3500

CREST MEDICAL
WWW.CRESTMED.COM

PATIENT INFORMATION:

NAME_____**DOB** ____/____/_____
ADDRESS_____
CITY_____**STATE**_____**ZIP**_____
TELEPHONE_____**WORK**_____ **CELL**_____
Diagnosis Code OR ICD-10 Code_____ **Height/Weight** _____
INSURANCE (Primary)_____ **Policy #** _____
INSURANCE (Secondary)_____ **Policy #** _____

OXYGEN THERAPY

Rx Home Oxygen @ _____ LPM—Via: _____

Frequency of Use (please circle) Continuous @ Night with exertion

Please Attach copy of Sats or ABG's **[ ] Perform Overnight Oximetry Test**

CPAP / Bi-LEVEL THERAPY

[ ] C P A P @ _____ cm H2O [ ] Bi-LEVEL @ _____ IPAP ____EPAP

[ ] Mask, Tubing & Supplies [ ] Humidification– Heated / Non-Heated

Compliance Data: [ ] Encore Anywhere (Respironics) **[ ]** InfoSmart (Fischer & Paykel)

PLEASE ATTACH SLEEP STUDY AND PRESSURE SETTINGS

AEROSOL THERAPY

[ ] Standard Nebulizer **[ ] Pediatric Nebulizer**

HOME MEDICAL & AMBULATOR ASSISTANCE

[ ] ROLLATOR [ ] WALKER [ ] ROLLING WALKER [ ] BARIATRIC WALKER [ ] *KNEE WALKER

[ ] HOSPITAL BED [ ] GEL OVERLAY [ ] LOW AIR LOSS MATTRESS [ ] *BED TABLE [ ] LIFT CHAIR

[ ] PATIENT LIFT [ ] *HIP KIT [ ] *TUB TRANSFER BENCH [ ] BEDSIDE COMMODE

[ ] DROP-ARM BEDSIDE COMMODE [ ] HEAVY-DUTY BEDSIDE COMMODE

[ ] H-D DROP-ARM BEDSIDE COMMODE [ ]*BATH SEAT W/ BACK [ ]*BATH SEAT W/O BACK

[ ] *RAISED TOILET SEAT [ ] *RAISED TOILET SEAT w/ ARMS

(ITEMS WITH * ARE PRIVATE PAY)

WHEELCHAIRS & RELATED ACCESSORIES

[ ] WHEELCHAIR [ ] ELEVATING LEGRESTS [ ] LIGHTWEIGHT WHEELCHAIR

[ ] TRANSPORT WHEELCHAIR [ ] HEAVY-DUTY WHEELCHAIR [ ] RECLINING WHEELCHAIR

[ ] FOAM SEAT CUSHION [ ] FOAM BACK CUSHION [ ] GEL SEAT CUSHION

Physicians Signature _____ **NPI** _____ **Date** _____

Printed Physician Name/Institution _____

Phone: _____ **Fax:** _____

PLEASE FAX FACESHEET, H&P OR LAST OFFICE NOTE TO: 205. 326. 3501
OR EMAIL TO: INFO@CRESTMED.COM
WE ACCEPT BCBS, VIVA, UHC, MEDICAID & MEDICARE
WE ACCEPT AETNA, CIGNA, TRICARE & HUMANA, CASE BY CASE
(IF YOUR PATIENT'S INSURANCE ISN'T LISTED, CALL TO SEE IF WE CAN ACCEPT IT!)