



# Physician's Order / Prescription

**Fax: 602.788.4217**

**Phone: 844.603.6037**

**Length of Need:**

99 months

**Refills:**

Unlimited

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**AZ MediQuip Retail Location:**

Scottsdale

Chandler

Mesa

Peoria

Goodyear

Prescott Valley

Phoenix

Oro Valley

**Product Required:**

Home / Portable Oxygen Concentrator

Other / Notes / Comments:

CPAP / BPAP Machines

CPAP Masks, Tubing or Humidification

Nebulizer

Replacement Tubing for Nebulizers or Oxygen Products

Catheters, Bags, and all Catheter Supplies

Suction Machine and all related Supplies

**Physician Information:**

Printed Name: \_\_\_\_\_

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

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

License#: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please Complete and Return Via Fax To: 602.788.4217**

Do not send H & P, diagnostic or sleep study documents