

# Veterans Health Administration Request Form for CCN DME, Medical Devices, Orthotic, and Prosthetic Items

All Durable Medical Equipment (DME), medical devices, orthotic and prosthetic item requests must be faxed (or mailed) to the VA Medical Center (VAMC) of jurisdiction to be issued (excluding emergent or urgent items per CCN contract). Please address all correspondence to: Attention Chief of Prosthetics or Prosthetics CCN POC.

**\* FOR URGENT REQUESTS, PLEASE CALL THE MAIN CCN POINT OF CONTACT AT THE VA MEDICAL CENTER OF JURISDICTION**

<b>Date of Request:</b>	
<b>Fax number (Prosthetic Service, VAMC of Jurisdiction):</b>	<b>Mailing Address (Prosthetic Service, VAMC of Jurisdiction):</b>
<b>Patient Name:</b>	<b>Referral Number:</b>
<b>Patient Date of Birth:</b>	<b>Requesting Clinician:</b>
<b>Patient's Last 4 Digits of SSN:</b>	<b>Requesting Clinician's Fax Number:</b>
<b>Patient's EDIPI:</b>	<b>Requesting Clinician's Phone Number:</b>
<b>ICD-10 Code(s) and Diagnosis:</b>	<b>Requesting Clinician's Office Address:</b>
<b>Description and HCPCS Code(s) for each item requested:</b> <i>If a specific brand or product is prescribed, include brand/vendor, make, model, part number, and provide <u>medical justification</u> for requesting a specific brand or product.</i>	
<b>Additional Notes for This Request:</b>	<b>Expected Item(s) Delivery Date and Location (Address):</b>
	<b>Person Filling Out This Form &amp; Contact Number:</b>