

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 prescriptions must be faxed (or mailed) to the VA Medical Center (VAMC) of jurisdiction or submitted through the VA Community Care Provider Portal. 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 FOR COORDINATION**

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