



MILLENIUM
HOME HEALTH CARE

Personal, Professional, Patient-Focused

Dear Physician and/or Medical Equipment Supply Company,

The Millenium Home Health Care Therapy Team has evaluated patient

_____ on _____
and has recommended the following durable medical equipment (DME) to maximize
their safety and functional ability:

1. _____
2. _____
3. _____

This equipment is medically necessary to ensure patient safety, minimize fall risk,
maximize function and mobility and reduce caregiver burden.

To ensure the timely delivery of the above DME, we would kindly ask (physicians)
for a written prescription with the following required information for authorization:

1. ICD10 diagnosis code
2. Patient height and weight
3. Recommended DME as listed above

The prescription can be faxed to the following DME company:

Name of DME company: _____

Fax Number: _____

Thank you for your prompt assistance in this matter and we look forward to the
continued collaborative treatment of care amongst our shared patients.

Sincerely,

(Clinician name and signature)

Millenium Home Health Care

Phone: _____