

RSVP Durable Medical Equipment (DME) Request Form

Today's Date: _____

Name of client: _____ Home Phone No: _____

Street Address: _____

Gender: Male Female Did you serve in the military? Yes No Age: _____

Are you receiving Medicare benefits? Yes No

Who is filling out request form and what is your relation to client? _____

How did you hear about RSVP's DME Program? _____

Durable Medical Equipment requested:

Please return form to: RSVP, 1400 SE Queen Ave, Albany, OR 97322 or Fax: 541-967-6423
If you have any questions or concerns call: RSVP at 541-812-0849 or email: rsvp@ocwcog.org

Equipment ordered by _____ on ____/____/____