



Liberty Medical Supply
P.O. Box 20008
Fort Pierce, FL 34979-9934
Phone:866-342-2383
Fax:888-268-6406

All You Need to Refer today:

- ✓ Patient Name
- ✓ Patient Phone Number
- ✓ Sign Below
- ✓ Relationship to Patient

- Diabetic Testing Supplies
- Insulin Pumps
- Maintenance Medications
- CPAP Supplies
- Erectile Dysfunction
- Ostomy Supplies
- Urological Supplies
- Diabetes Education

Any Questions? Call
(866) – 342-2383

Patient Referral Form

Patient Name: _____ ✓

Patient Phone Number: _____ ✓

*Alternate Phone: _____ *Best Contact Time: _____

*Date of Birth: _____ *Social Security Number: _____

*Supplies Requested:

- Diabetes Supplies
- Prescription Medications
- CPAP Supplies
- Vacuum Erection Therapy
- Urological Supplies (Catheters)
- Catheter Type: _____
- Fr Size: _____
- Product Number: _____

- Ostomy Supplies
- Stoma Type: _____
- Pouch Number: _____
- Flange Number: _____
- Accessory Product Number: _____
- Paste: _____
- Powder: _____
- Stoma Ring: _____
- Other: _____

Contact Authorization:

By signing below I certify that (i) I have spoken with the patient and discussed the products and services that Liberty offers, (ii) the patient has authorized me as his/her agent and representative to authorize Liberty to contact the patient by phone to discuss products and services that Liberty offers and which may be available to such patient, and (iii) as the patient's authorized agent and representative, I hereby authorize Liberty to contact the patient by phone for such purposes

Signature: _____ Date: _____ ✓

Name: _____
(Please Print) ✓

Relationship to Patient: _____ ✓

Signer Phone: _____ ✓

*Physician Name: _____

*Physician Phone: _____

✓ indicates section required for patient contact.

*Optional Information to help expedite the order.

FAX TO 1-(888)268-6406

Liberty Representative : _____

Referral Source : _____

LMSDHCPFORM-PRFv2

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