

Durable Medical Equipment Request

Patient Name: [Patient's Name]

Patient Address: [Patient's Address]

Patient Phone: [Patient's Phone Number]

Date: [Current Date]

To:

[Home Health Services Provider Name]

[Provider Address]

Dear [Provider Name],

I am writing to formally request durable medical equipment (DME) for [Patient's Name], who is under my care. Due to [brief explanation of the medical condition or need], it is essential for the patient to have access to the following equipment:

- [DME Item #1]
- [DME Item #2]
- [DME Item #3]

This equipment will significantly enhance [Patient's Name]'s quality of life and assist in their recovery process.

Attached to this letter are the medical records and any additional documentation required for your review. Please do not hesitate to contact me at [Your Phone Number] or [Your Email] should you need any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Contact Information]