

# Order Fax Cover Sheet



Use this form to submit fax orders for Home Medical Equipment.  
For expedited processes, enter your orders electronically at [connect.synapsehealth.com](https://connect.synapsehealth.com)

<b>TO</b>	<b>Synapse Health</b>	<b>Fax:</b> (Hospital/STAT orders): 1.888.518.4433 – (Outpatient orders): 1.888.690.5329
	# of pages	Date

<b>FROM</b>	<b>Prescriber Details</b>	
	Hospital/ Outpatient Facility Name	Contact Name
	Phone	Fax
	Email	Time Zone
	Date Needed / Date of Discharge	

### Check all that apply:

<b>Order type:</b>	<input type="checkbox"/> Hospital Discharge <small>Send to hospital fax at 1.888.518.4433</small>	<input type="checkbox"/> Resupply New	<input type="checkbox"/> Resupply Existing
	<input type="checkbox"/> New Order	<input type="checkbox"/> Pre-Op	<input type="checkbox"/> Member Plan Change
<b>Order urgency:</b>	<input type="checkbox"/> STAT	<input type="checkbox"/> Standard Order	

### Please check all documents included:

<input type="checkbox"/> Prescriber Signed RX	<input type="checkbox"/> Face-to-Face Notes	<input type="checkbox"/> Supporting Medical Record Documentation
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### The following is required to start the order process with Synapse Health:

Patient orders missing any of the below may be returned.

Patient Name	Patient Date of Birth
Patient Address	Patient Phone No.
Insurance Information <small>Plan Name, ID Number, &amp; Group Number</small>	Primary Policy Holder Information <small>Name, DOB, &amp; Relationship to Patient</small>



1.888.33.MYDME (1.888.336.9363)

[WWW.SYNAPSEHEALTH.COM](https://www.synapsehealth.com)

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