9133 S. Stony Island Avenue
Chicago, IL 60617
P: 773-374-4550 F: 773-374-4660 www.200pharmacy.com

CERTIFICATE OF MEDICAL NECESSITY

Patients Name: ____ D.O.B: _____________

Patients Address: ____

City: ________________________________ State: ____________________ Zip: __________

Phone #: ______________________________ ☐ FEMALE ☐ MALE

Medicare #: ______________________ Medicaid #: __________________Other: _________________

Diagnosis: ____

☐ ____

☐ ____

☐ ____

✓ YES THIS PATIENT REQUIRES THE ABOVE SUPPLIES

Physician Name: _______________________________________ NPI #: _________________________

Address: ____

City: ____________________________ State: _______________________ Zip: _____________________

Phone #: ___________________________________ Fax #: _______________________

Physician Signature: ____ Date: _____________________

YOUR PROMPT RESPONSE IS MOST APPRECIATED