

Order Date: _____ Delivery Date: _____

PRESCRIBER'S INFORMATION:

Facility Name _____
 Doctor's Name _____
 NPI # _____ Lic. # _____
 Contact Person _____
 Phone # _____
 Fax # _____ Email: _____
 Address _____

Prescriber's Signature _____

PATIENT INFORMATION:

Name _____
 Address _____ Apt# _____
 City _____ Zip _____ D.O.B _____
 Tel. _____ Ht. _____ Wt. _____
 Medicare/other# _____
 Medicaid # _____
 Diagnosis _____



- Standard wheelchair for patient who **CAN** self propel.
- Light-weight wheelchair for patient who **CAN NOT** propel in a standard wheelchair.



- Motorized wheelchair
- Motorized Scooter



- Semi-Electric Bed with mattress
- Gel Overlay
- Bed Only
- Air Mattress
- Bariatric/heavy-duty equipment



- Over-bed Table

INCONTINENT SUPPLIES

- Diapers: Sm Med Lg XL
- Diapers Pullups: Sm Med Lg XL
- Chux
- Cloth Chux
- Incontinent liners: 4 x 10 7 x 17
- Incontinent pants: Med Lg
- Gloves: Med Lg
- Incontinent package (includes all of above)



- Raised toilet seat
- Toilet Frame



- Commode



- Shower chair
- Transfer bench



- Patient lift

NUTRITIONALS

- AUTH. # _____
- Ensure Pediasure
 - Ensure Plus Glucerna



- Walker with wheels
- Walker with Glides



- Rollator



- Large quad cane
- Small Quad cane
- Standard cane



- Tub rail
- Grab bar



- Oxygen



- Nebulizer



- CPAP BiPAP
- Heated humidification



- Suction Machine
- Suction Supplies

COMMENTS OR OTHER SUPPLIES
