ORDER FORM 5723 NEW UTRECHT AVE., BROOKLYN, NY 11219 TEL:**718.437.0066** · FAX:**718.437.0088** TOLL FREE:**1.866.437.0066 Medical Supply**

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

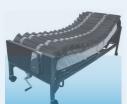


□ Standard wheelchair for patient who CAN self . propel.

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
🗆 Сһих
🗆 Cloth Chux
\Box Incontinent liners: \Box 4 × 10 \Box 7 × 17
□ Incontinent pants: □ Med □ Lg
□ Gloves: □ Med □ Lg
□ Incontinent package (includes all of above)



□ Raised toilet seat □ Toilet Frame

□ Walker with wheels

□ Walker with Glides

□ Oxygen



□ Commode



□ Rollator



□ Nebulizer

PL

□ Shower chair

□ Transfer bench



□ Patient lift



□ Large quad cane □ Small Quad cane □ Standard cane



□ CPAP □ BiPAP □ Heated humidification

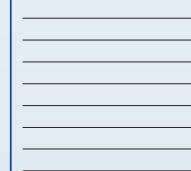


🗆 Tub rail 🗆 Grab bar



□ Suction Machine □ Suction Supplies







	-
RESCRIBER'S INFORMATION:	
acility Name	
Doctor's Name	
	Lic. #
Contact Person	
	Email:

Prescriber's Signature

Order Date:_____ Delivery Date:____

NUTRITIONALS

AUTH. # Ensure Ensure Plus

 Pediasure Glucerna

COMMENTS OR OTHER SUPPLIES

EASE EMAIL YOUR REQUEST TO: Orders@primemedsupply.com
