



5039 Pentecost Drive, Suite C, Modesto, CA 95356
(877) 799-0202

PHYSICIAN ORDER DURABLE MEDICAL EQUIPMENT

FAX: 888-499-0202

Patient Name: _____ Date of Birth: _____

Address: _____ Contact Phone: _____

Primary Insurance: _____ Secondary Insurance: _____

Diagnosis: _____

Length of Need: _____ # months (lifetime is 99)

DURABLE MEDICAL EQUIPMENT

Height: _____ Weight: _____ (Weight Limits indicated next to product name)

Ambulation

- Single Point Cane (250)
- Walker w/ Wheels (300)
- Quad Cane (250)
- Hemi Walker (250)
- Platform Attachment (300)

Bath Safety

- Commode (300)
- Drop-Arm Commode (250)
- Transfer Bench (315)

Beds/TSS

- Hospital Bed - Fixed Height (350)
- Hospital Bed - Semi-Electric (350)
- Low Air Loss (350)
- Half Rails Full Rails
- Half Rails Full Rails
- Trapeze Bar (250)
- Patient Lift (450)

Wheelchair

- Wheelchair (250) 16" 18"
- Reclining Wheelchair w/ ELR'S (250) 16" 18"
- Standard Footrests
- General Use Cushion
- General Use Back
- Elevating Leg Rests

Heavy Duty/Bariatric

- Pick-up Walker (500)
- Walker w/ Wheels (500)
- Quad Cane Narrow (700)
- Commode (650)
- Transfer Bench (400)
- Wheelchair 22" Wide (350)
- Hospital Bed (600)
- Low Air Loss/Alt Pressure Mattress (1000)
- Pick-up Walker (700)
- Walker w/ Wheels (700)
- Quad Cane Wide (700)
- Transfer Bench (700)
- Wheelchair 24" Wide (450)
- Hospital Bed (750)
- Single Point Cane (700)
- Commode (450)
- Wheelchair 20" Wide (300)
- Trapeze Bar (1000)
- Standard Footrests
- Elevating Leg Rests

Address: _____ City/State: _____

NPI#: _____ Physician Fax: _____

Physicians Name: _____ Physician Signature: _____ Date: _____