

Community Medical Supply

1025 S State HWY 16 Fredericksburg, TX 78624

Phone: 830.997.2609 Fax: 830.997.4629

Conveniently across the street from Hill Country Memorial Hospital



Medical Equipment Prescription



REFERRAL INFORMATION

Patient: _____ DOB: _____

Patient Phone: _____ Height: _____ Weight: _____

Facility: _____ DX ICD-10: _____

Facility Contact: _____ Prognosis: Good Fair Poor

Special Instructions: _____

WHEELCHAIRS

Lightweight

Standard

Heavy Duty (251+ lbs)

Extra Heavy Duty (301+ lbs)

High Back Reclining Wheelchair

Transport Chair

Standard Foot Rests

Elevating Leg Rest

Cushions

Gel / Foam Seat Cushion

Roho Cushion

Wedge Cushion

Pommel Cushion

Seat Width:
 16" 18"

Non-Standard Width:
 20" 22" 24" 26"

POSITIVE AIRWAY PRESSURE

DEVICE TYPE

CPAP Pressure: _____ cm H2O

Auto CPAP Min: _____ Max: _____ cm H2O

BIPAP IPAP: _____ EPAP: _____ cm H2O

Other: _____

MASK TYPE

Full Face Mask

Nasal Mask

Nasal Pillows

Patient Preference

ADDITIONAL SUPPLIES

Heated Tubing

Chinstrap

AMBULATORY

Standard Two Wheel Walker

Junior (less than 5'4")

Tall (greater than 6'4")

Four Wheel Walker w/Seat (Rollator)

Heavy Duty Walker w/Seat (301+ lbs)

Knee Walker

Platform Attachment

Hemi Walker

Basket

Tray

Skis

Electric Scooter (Private Pay Only)

Power Wheelchair (Private Pay Only)

Lift Chair

Standard Sleeper

Quad Cane

Single Tip Cane

Ortho Grip Cane

TOILET

3-in-1 Commode

Heavy Duty Commode (301+ lbs)

Drop Arm Commode

Raised Toilet Seat

Raised Toilet Seat w / Arms

Toilet Safety Rail / Frame

HOSPITAL BEDS

Semi-Electric Hospital Bed

Full Electric Hospital Bed

Bariatric Hospital Bed (351+ lbs)

Half Rails / Full Rails

Gel Overlay

Patient Lift (Hoyer)

Trapeze

Over Bed Table

Bed Assist Rail

Alternating Pressure Pad

Fall Mat

Body Positioning Wedge

OXYGEN / RESPIRATORY

Oxygen Concentrator - w/portable tank system

_____ % POX (e.g. at/below 88%)

_____ Liters Continuous

_____ Diagnosis

Required Documentation in Chart Notes

PT at rest room air POX (e.g. at/below 88%)

OR

- Room air at rest
- Room air exertion (e.g. at/below 88%)
- On O2 w / exertion (not recovery)

Conserving Device

Portable Oxygen Concentrator (Private Pay)

Nebulizer and Tubing Mask

SHOWER / BATH AIDS

Shower Chair

w/arms w/back w/both

Rolling Shower Chair

Bariatric Shower Chair (301 lbs +)

Transfer Bench -Standard

Transfer Bench -Sliding

Handheld Shower Kit

Non-Skid Bath Mat

Tub Rail

AIDS TO DAILY LIVING

Suction Grab Bar

Mounted Grab Bar

Hip Kit

(Includes dressing stick, reacher, shoe horn, sock aid, long handle sponge)

Leg Lifter

Reacher 26"

Reacher 32"

Shoe Horn Plastic

Long Sponge

Dressing Stick

Gait Belt

Sock Aid

Hard / Soft

MASTECTOMY

Mastectomy Bras (6 per year)

Breast Prosthesis (1 every 2 years)

Post Op Garment

TRACHEOSTOMY

Suction Machine and Supplies

Oral Trach

Humidifier / PSI and Supplies

Physician Signature: _____ Length of Need (1-99 months) _____

Ordering Physician: _____ NPI _____ Date: _____