

Order Form



Fax To:

Your Home Medical- *Ocala* (352) 291-0202

Your Home Medical- *Palatka* (386) 326-0404

Date of Order: _____

Patient: _____ Gender M/F Date of Birth: _____
Address: _____ City: _____ State/Zip: _____
Phone #: _____ Height: _____ Weight: _____
Insurance: _____ Policy #: _____
Co-Insurance: _____ Policy #: _____
Primary Diagnosis: _____ Secondary Diagnosis: _____

- Overnight Oximetry on: Room Air
CPAP or BiPAP
Oxygen
 - Oxygen:
 - O2 @ _____ LPM @ Night via nasal cannula (E1390)
 - Portability:
 - O2 @ _____ LPM Continuous via nasal cannula (E1390 & E0431)
- OR**
- O2 @ _____ LPM via Homefill System (E1390 & K0738)

- Semi Electric Hospital Bed
 - Half Rails
 - Full Rails
- Geo Mattress
- Gel Overlay
- Air Mattress
- Trapeze Bar
- Bedside Commode
- CPM Machine

- Standard Walker (no wheels)
 - 4 Wheeled Walker w/ Seat
 - Platform for Walker
 - Walker w/ 5" Wheels
 - Hemi Walker
 - Single Point Cane (E0100)
- Wheelchair (Specify)
- Standard
 - Lightweight
 - Reclining
 - Hemi
 - Heavy Duty
- Accessories for Wheelchair:
- Pair of Anti Tipper Device
 - Pair of Brake Extensions
 - Seatbelt
 - Pair of Standard Foot Rests
 - Pair of Elevating Leg Rests
 - General Seat Cushion
 - General Back Cushion

- CPAP @ _____ cm/h20
- BiPAP @ _____ cm/h20
 - IPAP _____
 - EPAP _____
- Auto PAP @ _____ cm/h20
- CPAP/ BiPAP Supplies
- Humidification for PAP Device
 - Heated

- Nebulizer Compressor
- Medications:
- Albuterol 0.83% 2.5mg in 3ml
 - Ipratropium 0.5mg in 2.5ml
 - Perforomist 20mcg (2ml)
 - Budesonide .5mg/2ml
 - Duoneb (Albuterol 2.5mg & Ipratropium Bromide 0.5mg) in 3ml
- Directions: QD BID TID QID Other _____ Refills: _____

Physician Name (printed): _____

Physician NPI #: _____

Physician Signature: _____

Date: _____