



DME ORDER FORM

REQUESTED DELIVERY DATE _____ DELIVERY EXCHANGE ADD'L EQUIP PICKUP

PATIENT NAME: _____ DOB _____ DOD _____

DELIVERY ADDRESS: _____ FACILITY _____

CITY: _____ STATE _____ ZIP _____

PHONE #: _____ ALT PHONE #: _____

PATIENT HEIGHT: _____ PATIENT WEIGHT: _____ () Bariatric >450lbs

DELIVERY STATUS: (circle one) Routine Same Day STAT (2HRS)

- Full-Electric Bed OR Hi/Lo Bed () Half Rails () Full Rails
- () APP () Gel Overlay () Low Air Loss () Over Bed Table
- () Trapeze Bar () Trapeze Stand () Floor Pads
- Patient Lift () SM Sling () MD Sling () LG Sling
- Walker () Wheels () Straight Cane () Quad Cane
- Shower Chair () Wheels Bath Bench BS Commode () XL
- Wheelchair () 16" () 18" () 20" () 22" () 24"
- () Footrests () Legrests () Reclining () Transport Chair
- Concentrator @ _____ LPM () Cannula () Mask () Humidity
- Portable O2/Backup (1 E-Tank, Regulator, Cart) () Add'l O2 Tanks _____ Each
- LOX Base @ _____ LPM () Add LOX Portable () Cannula () Mask () Humidity
- Nebulizer Machine () Kit w/Mouthpiece () Kit w/Mask
- Suction Machine () Suction Canister & Tubing () Yankauer () Tri-Flo Catheter ____ FR
- Broda Chair Geri Chair Lift Chair

ADD'L INSTRUCTIONS: _____