



Hospital \_\_\_\_\_ AHC Rep \_\_\_\_\_ Customer No. \_\_\_\_\_

Discharge Date \_\_\_/\_\_\_/\_\_\_ Order Date \_\_\_/\_\_\_/\_\_\_

Payment Arrangements Made by Sales  Yes  No

Patient Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Insurance \_\_\_\_\_

Verified Attached Demos  Yes  No Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Injury \_\_\_/\_\_\_/\_\_\_

Patient Email: \_\_\_\_\_

PST to Deliver **WHEELCHAIR**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Del. to closet  Del. to room # \_\_\_\_\_ Brand \_\_\_\_\_

Body Type \_\_\_\_\_ Size \_\_\_\_\_ Cushion type \_\_\_\_\_

Standard  Lightweight  Reclining Back

Transport Chair Length of need: \_\_\_\_\_

Accessories:  ELR's  ALR's  Detachable arm rest

Foot Rests  Amputee pad  Left  Right  Anti-tippers

Anti rollback (Grade Aide)  Seat belt  Cushion back

Patient's home supports the use of a wheelchair in terms of surfaces and maneuvering space.

PST to Deliver **BED & ACCESSORIES**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Length of need: \_\_\_\_\_ Type:  Semi-electric  Fully electric

Accessories:  Hoyer lift  Trapeze  Over bed table

Support surfaces:  Low air loss mattress  Gel overlay

Alternating pressure pump and pad

PST to Deliver **AEROSOL**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Nebulizer w/mini-neb: 2 month supply, filters: 1 month, corrugated tubing: 1 month, mask: 1 month.

Aerosol med: \_\_\_\_\_ Length of need: \_\_\_\_\_

Frequency: \_\_\_\_\_ Dose: \_\_\_\_\_

PST to Deliver **AMBULATORY AID**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Gait belt  Cane  Quad cane:  sm  lg  Crutches

Walker  Wheels  Adult  Tall  Youth  Wide  Hemi

X-wide  4 wheeled walker w/seat  Platform attachment

Length of need: \_\_\_\_\_

PST to Deliver **CPM**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Length of need: \_\_\_\_\_  Left  Right Starting flex \_\_\_\_\_

Ending flex \_\_\_\_\_ Increase by \_\_\_\_\_° daily

Date of surgery \_\_\_\_\_ Date CPM started \_\_\_\_\_

PST to Deliver **BATH AID**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Length of need: \_\_\_\_\_  Bedside commode  X-wide

Heavy duty  Drop arm commode  Elevated toilet seat

Tub transfer bench:  Padded  Non-padded

Tub seat: w/back  w/o back  Transfer board: \_\_\_\_\_ in.

PST to Deliver **TRACH**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Length of need: \_\_\_\_\_

Trach type:  Shiley  Portex Size: \_\_\_\_\_

Cuffed:  Yes  No  Suction Kit  Disposable Inner cannula

Trach cleaning kit/1mo  Trach tube holders/1mo

Trach Humidification  Oxygen bleed in \_\_\_\_\_ %

PST to Deliver **OXYGEN THERAPY**  Delivered by THL

Qualifying Dx: \_\_\_\_\_

Stationary and portable oxygen prescribed \_\_\_\_\_ lpm via  nasal cannula or  mask  Continuous  Night time  QHS & Exercise

No. of tanks delivered to room \_\_\_\_\_ Length of need: \_\_\_\_\_

Portable serial # delivered to room \_\_\_\_\_

### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PST to Deliver **SUCTION**  Delivered by THL

Suction type:  Portable/Trach  Stationary/Oral LON: \_\_\_\_\_

Cath-n-sleeve Yankauer:  14F  12F  Other: \_\_\_\_\_

Ordering Practitioner's Printed Name (MD/NP/PA/CNS) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_ NPI: \_\_\_\_\_

Is Ordering Practitioner Hospitalist?  Yes  No Primary Care Physician \_\_\_\_\_

### HME DELIVERY & EDUCATION CONFIRMATION

Advanced Home Care has my consent to provide equipment, services, supplies and access/release data in my medical record to any organization involved in my care. Payments can be made by authorized payers. Copays are estimated and are your responsibility. The equipment is in good working order. I am liable for damages caused by neglect/abuse and for non-covered charges. I received an Admission Packet and Notice of Privacy Practices. Sale items are your property once paid in full. I received education with return demonstration on equipment. PLEASE NOTE: 30 day return policy on sale items

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

If patient unable to sign: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_ Date \_\_\_\_\_