



MAX MEDICAL SPECIALTIES, INC.

Home Medical Equipment

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Toll Free: 888-445-0202

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PATIENT INFORMATION

Complete this form and fax it to 423-913-0170.

Name: _____

Address: _____

Phone: _____

SS #: _____ - _____ - _____ Date of Birth: ____ / ____ / ____

Insurance: _____

Ins. ID #: _____

Diagnosis: _____

Height: _____ ft. _____ in. Weight: _____ lbs. _____ oz.

Length of Need: _____ months (99=lifetime)

Start Date: ____ / ____ / ____

HOME RESPIRATORY EQUIPMENT

OXYGEN:

- Concentrator
- Portable Oxygen
- Humidity Htd
- Nebulizer
- Suction Unit
- Overnight Pulse Oximetry
- C-PAP
- BI-PAP

LPM _____ VIA _____

Hours per Day _____

O² SAT _____ or PO² _____

On Room Air: YES or NO

Date of Test: ____ / ____ / ____

Settings _____ cm

I _____ E _____

WOUND CARE

- Gel Foam Overlay
- Alternating Pressure Mattress
- Low Air Loss Mattress
- Negative Pressure Pump

AIDS TO DAILY LIVING

- Bed Side Commode
- Shower Chair
- Transfer Bench
- Uplift Seat Assist
- Lift Chair

OTHER EQUIPMENT/ACCESSORIES

HOME MEDICAL EQUIPMENT

WALKERS:

- Standard Folding Walker
- Jr. Folding Walker
- Extra Wide Folding Walker (min 300 lbs)
- Rollator with Seat (wheeled)

• ACCESSORIES

- Wheels
- Brakes
- Basket
- Platform Attachment: Left Right Bilateral

WHEELCHAIRS:

- Travel Chair
- Light Weight High Strength
- Standard
- Hemi
- Heavy Duty (min 250 lbs)
- Extra Heavy Duty (min 300 lbs)

• ACCESSORIES

- Swing Away Foot Rests
- Elevated Leg Rests
- Foam Cushion
- Gel Cushion
- Wheelchair Seat Cushion with Back Cushion

HOSPITAL BEDS:

- Semi Electric with Mattress
- Low Beds with Mattress

• ACCESSORIES

- Trapeze Bar Half Rails
- Patient Lift Full Rails

AUTHORIZATION

Physician Signature: _____

Phone: _____

Physician Name (printed): _____

Date: _____

NPI _____