



ONE SOURCE MEDICAL SOLUTIONS, INC.

ONE COMPANY. MULTIPLE SOLUTIONS.™

NPI NO. 1144311531

DURABLE MEDICAL EQUIPMENT PRESCRIPTION/ORDER

Patient's First Name Last Name

Street Address City, State, Zip

Patient's HIC No.

Date Prescribed Lifetime
Estimated Length of Need

Fully Describe Equipment Required:

Dispense a Full Electric Hospital Bed with Full or Half Rails with Mattress for the Alleviation of pain and positioning the body in ways not feasible with an ordinary Bed, Trapeze free standing bar, All-in-One Commode.-----

Patient's Diagnosis/ICD-9

Physician's Signature Signature Date

Print Physician's Name NPI

Physician's Address City, State, Zip