



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 Semi-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.

Patient's Diagnosis/ICD-9

Physician's Signature Signature Date

Print Physician's Name NPI

Physician's Address City, State, Zip