

ONE SOURCE MEDICAL SOLUTIONS, INC.

ONE COMPANY. MULTIPLE SOLUTIONS. TM

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	Estimated Length of Need
Fully Describe Equipment Require	ed: (E0627 / E1399)
Dispense and Fit for Seat Lift Mecl	hanism incorporated into a Lift Recliner to aid in
Safely transferring to a standing po	osition due to inability to safely stand, transfer, sit in the home along with prevent further injury
Patient's Diagnosis/ICD-10	
Physician's Signature	Signature Date
Print Physician's Name	NPI
Physician's Address	City, State, Zip

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