



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 **Estimated Length of Need**

Fully Describe Equipment Required:

Dispense Trapeze Bar to aid in safely transferring patient in and out of home care bed, to assist patient in changing positions while in bed, and reduce risks of falling and prevent further injury.-----

Patient's Diagnosis/ICD-9

Physician's Signature **Signature Date**

Print Physician's Name **NPI**

Physician's Address **City, State, Zip**

1555 W. MOCKINGBIRD LANE, STE. 210 ♦ DALLAS, TX 75235 ♦ TEL: (214) 421-7000 ♦ FAX: (214) 421-7001

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