



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

Evaluate and fit for Home Lymphedema/Pneumatic Compression System with two (2) each Lower Extremity Full Leg Garments (RT/L) to improve edema, aid in performance of daily living tasks, reduce risk of DVT/PE and increase circulation, which has been impeded and reduced due to chronic pain and discomfort. (~~E0673~~/E0671).-----

60652

Patient's Diagnosis/ICD-10

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

WWW.ONESOURCEMEDICAL.COM

Accredited EXEMPLARY PROVIDER™ of The Compliance Team, Inc.