



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:

Evaluate and Dispense a Power Wheelchair to assist in ambulatory functions,
reduce risks of falling and aid in daily living activities and tasks.-----

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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