



**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 Walker with wheels and/or glide tips assist with ambulatory functions, weakness, and reduce risks of falling.**-----  
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\_\_\_\_\_  
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

WWW.ONESOURCEMEDICAL.COM

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