



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.

Lifetime

Date Prescribed

Estimated Length of Need

Fully Describe Equipment Required: (L1832) LT / RT – Bilateral Extremities

Evaluate and Fit for an Open Wrap Knee Orthosis with Range of Motion Hinges to control movement of the joint, prevent further injury, provide medial and lateral stabilization to the joint and along with proper alignment with flexion and extension settings in 20 degree increment to achieve therapeutic goals and promote healing. --

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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