



**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 Fit for a Decompression Lumbar-Sacral Orthopedic Support Belt to manage and aid in back pain relief by allowing vertical traction to maintain correct alignment and support the lumbar spine during flexion and extension movements to achieve therapeutic goals. -----  
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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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