



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 Wrist-Hand-Finger Orthosis to maintain correct alignment, support upper extremity, protect joint with total contact, achieve therapeutic goals, provide relief due to chronic discomfort and prevent further development of contractures.

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

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