



SEELEY MEDICAL
"Enhancing Each Patient's Quality of Life"

****PLEASE FAX YOUR PATIENT'S DEMOGRAPHICS,
CURRENT INSURANCE AND TESTING INFORMATION
ALONG WITH THIS FORM****

Akron • Andover • Ashtabula
Cleveland • Columbiana • Sandusky
Toledo • Poland • New Castle

Phone: 1.800.473.3539
Fax: 1.866.416.3121
www.seeleymedical.com

*Date: 1/1/2011 * Start Date: 1/1/2011 * Length of Need: 99
*Patient Name: John Doe * DOB: 1/1/1940
*Patient Telephone: 440-293-6600 * Address: 104 Parker Drive
*City/State/Zip: Andover, OH 44003 * Height: 72" * Weight: 185
*Diagnosis: Specific to Equipment Ordered

HOSPITAL BEDS AND ACCESSORIES

- Semi-Electric Bed (with mattress & rails)
- Overbed Trapeze
- Patient Lift and Sling
- Over the Bed Table (not covered by Medicare)
- *APP (alternating pad/pump)
- *Gel Mattress Overlay
- *Low Air Loss Mattress
- *Egg-crate Mattress
- Other _____
- Bedside Commode

WHEELCHAIR AND ACCESSORIES

- Standard
- Lightweight
- Heavy Duty
- Size: (Please specify one)
 16 18 20 22 24
- Swing Leg Rests
- Elevated Leg Rests
- Transport chair (not covered by Medicaid)
- Wheelchair Seat/Back Cushion
- Other _____

BATHROOM AIDS

BATHROOM AID PRODUCTS ARE NOT COVERED BY MEDICARE

- Toilet Safety Rail
- Raised Toilet Seat
- Tub Rail
- Grab Bar
- Shower Chair
- Transfer Tub Bench

DAILY LIVING AIDS

- Adjustable Folding Walker
- Wheeled Walker (3" or 5")
- Extra Wide Walker
- Heavy Duty Wheeled Walker
- *Seat Lift Chair
- Quad Cane, Large/Small Base
- Walker with Wheels and Seat
- Other _____

ENTERAL NUTRITION

- *Oral
- *Pump/Poles
- Pump Bags & Sets
- Gravity Bags & Sets
- Syringes for Feeding Bolus
- Nutrition Required _____
Cans Per Day _____ Calories Per Day _____

Printed Physician Name: * Peter Smith Signature: * Peter Smith Date: * 1/1/2011
Phone: _____ NPI# * 1234567891 City/State/Zip Code: _____

* Seeley Medical requires a completed prescription prior to dispensing these items.