



PRESCRIPTION (RX)
PH (866) 228-4152

27825 Fremont CT.
Unit 10
Valencia, CA 91355

Date: _____

***NO VENDOR OR PRODUCT SUBSTITUTION**

Patient Name: _____

Date of Surgery or Injury: MM / DD / YYYY

ICD-9 / Diagnosis: _____

Start Date: ___/___/___ Length of Need: _____

ELECTROTHERAPY

HOT/ COLD THERAPY

___ RENTAL ___ PURCHASE

___ TENS (E0730)

___ CRYO-THERAPY ELECTRIC UNIT (E0218)

With Garment :

___ Shoulder ___ Knee ___ Ankle ___ Hip/Back

SUPPORTS * SPLINTS * BRACES

LT=Left Rt=Right Bi=Bi-lateral

___ NMS (E0730)

___ HOT/COLD ELECTRIC UNIT (E0217)

With Garment :

___ Shoulder ___ Knee ___ Ankle

LT/RT/BL SIZE

___ ET SUPPLIES(A4595/4630)

Length of Need: _____

___ MOIST ELECTRIC HEATING PAD (E0215)

___ Neoprene Ankle Sleeve (L1901) BL

___ Exoform Ankle Brace (L1906) BL

___ Stirrup Ankle Brace (L4350) BL

___ CAM Walker Boot (Short or Tall) BL

___ Neoprene Knee Sleeve (L1825) BL

___ Neoprene Hinged Knee (L1845) BL

___ Knee Immobilizer (L1830) BL

___ Patellar Tendon Strap (L2999) BL

___ Neoprene Wrist Sleeve (L3909) BL

___ Post Cast Fit Wrist Brace (L3908) BL

___ Universal Thumb Splint (L3807) BL

___ Exoform Wrist Brace (L3984) BL

___ Wrist Brace Thumb Spica (L3807) BL

___ Carpal Tunnel Wrist Brace (L3908) BL

___ Tennis Elbow Matt Strap (L3700) BL

___ Elbow/ Forearm Sleeve (L3701) BL

___ Shoulder Sling (L3670) BL

CONDUCTIVE GARMENTS (E0731)

___ Sock ___ Neck

___ Glove ___ Shoulder

___ Sleeve ___ Lumbar Back

___ COLD POLAR PACK (E0230)

___ Neck ___ 11x21 ___ 11x14 ___ 7.5x11

___ HOT PACK (E0238)

___ Neck ___ 15x24 ___ 10x18 ___ 10x12

CUSTOM KNEE BRACE

___ ACL ROM Knee Brace (L1846)

___ OA Knee Brace (L1846)

BACK/NECK SUPPORTS*BRACES

___ LSO Stealth Back Brace (L0637) ___ Low Profile Size

___ LSO Evotech Back Brace(L0631) ___ Low Profile Size

___ LSO DDS 500 Pneumatic Traction Brace (L0631)

___ BOA LSO Lite Back Brace (L0626)

___ Inflatable Back Support Brace (L0630) ___ With Hot/Cold Gel

___ Soft Foam Cervical Neck Collar (L0120)

___ Cervical Collar Semi-Rigid (L0174)

___ Saunders Home Cervical Traction Unit (E0849)

___ Saunders Home Lumbar Traction Unit (E1399)

BATH & SAFETY AIDS

___ 3-IN-1 COMMODE (E0163)

___ SHOWER CHAIR ((E0240)

___ RAISED TOILET SEAT WITH REMOVABLE ARMS (E0244)

___ SUCTION CUP GRAB BAR (E1399)

___ BILLI PHOTOTHERAPY BLANKET (E0202)

Other: _____

Directions for Use: _____

PHYSICIAN NAME: _____

ADDRESS: _____

PH: _____ **FAX:** _____

NPI# _____

Physician Signature: _____

MOBILITY

CONTINUOUS PASSIVE MOTION

___ WHEELCHAIR (K0001)

___ LIGHTWEIGHT (K0003)

___ ULTRALIGHT (K0005)

___ HEAVY DUTY (K0006)

___ CPM MACHINE (E0935)

ANKLE ___ SHOULDER ___ TOE ___

___ KNEE CPM MACHINE (E0936)

___ Lamb Skin Wool Pads (E0189)

___ Straps (A9900)

LYMPHADENOMA PUMPS

___ 3 CHAMBER (E0651)

BL ___ PUMP GARMENT (E0667) RT / LT / BL

___ 1/2 LEG ___ FULL LEG ___ ARM

DIABETIC FOOTWEAR

___ DIABETIC SHOES (A5500)

___ CUSTOM MOLDABLE INSOLES (A5512)

STYLE: _____ SIZE: _____

COLOR: _____ WIDTH: _____ QTY: _____

***NEBULIZERS*(E0750)**

___ BEAR ___ PENGUIN ___ DUCK

___ REGULAR ___ COMPARTMENT

___ LEGO ___ FIRE TRUCK ___ PORTABLE

___ NEBULIZER KIT (A7005)

___ MASK (A7015)

___ REGULAR ___ DRAGON

___ WHEELCHAIR CUSHION

(E2601)

___ FOOTRESTS

___ REGULAR (K0045)

___ ELEVATED (K0195)

___ ELECTRIC SCOOTER (E1230)

___ SCOOTER BATTERY (K0733)

___ POWER WHEELCHAIR

___ REAR WHEEL DRIVE (K0825)

___ MID WHEEL DRIVE (K0823)

___ KNEE WALKER (E0118)

___ CRUTCHES (E0114)

___ CANE SINGLE (E0100)

___ CANE QUAD (E0105)

___ ALUMINUM WALKER (E0143)

___ WITH WHEELS

___ WALKER WITH SEAT & BRAKES

HOSPITAL BEDS

___ SEMI AUTOMATIC

___ FULL ELECTRIC

___ STANDARD

___ MATTRESS-STANDARD

___ MATTRESS- LOW AIR LOSS

FAX TO: 661-554-5533- PLEASE ATTACH INSURANCE, DEMOGRAPHICS, AND NOTES