



Hope Medical Supply 1116 E Houston, SA TX 78205 Call (210) 226-1482 / Fax (210) 299-1670  
 Wheelchairs Plus 7719 Wurzbach, SA TX 78228, Call (210) 949-1660 / Fax (210) 949-0434  
 Hope Medical Supply 1010 Ayers, Corpus Christi, TX 78404 Call (361) 883-5701 / Fax (361) 888-6420

**Patient Name** \_\_\_\_\_ **Tel** \_\_\_\_\_ **Ht** \_\_\_\_\_ **Wt** \_\_\_\_\_

**Dx** \_\_\_\_\_ **Length of Need** \_\_\_\_\_ **months** (99=lifetime)

Referred by (your name) \_\_\_\_\_ Facility \_\_\_\_\_ Tel \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_  M  F

Primary Ins \_\_\_\_\_ ID \_\_\_\_\_ Group \_\_\_\_\_

Secondary Ins \_\_\_\_\_ ID \_\_\_\_\_ Group \_\_\_\_\_

**Home Medical Equipment**

**Power Mobility & Rehab Equipment**

- Power Wheelchair
- Scooter
- Ultra Lightweight Wheelchair
- Tilt N Space Wheelchair
- Specialty Shower Chair
- Pediatric Hospital Bed
- Standing Frame
- Specialty Stroller
- Specialty Car Seat
- Vehicle Lift
- Stair Lift
- Wheelchair Ramp

**Wheelchairs**

- Lightweight
- Heavy Duty
- High Strength Lightweight
- Bariatric
- Ultra lightweight
- w/ positioning cushion
- w/ elevating leg rests
- w/ brake extensions
- w/ seat belt
- w/ anti-tippers
- w/ reclining back

**Home Medical Equipment**

- hospital bed
- trapeze bar
- gel overlay
- APM/low air loss mattress
- patient lift
- bariatric hospital bed
- lift chair
- rollator
- walker  w/ wheels
- TENS Unit
- VED

**Medical Supplies**

**Intermittent Catheters**

Fr \_\_\_\_\_ Qty/Mo \_\_\_\_\_  
 Length of need: \_\_\_\_\_ months (99=lifetime)  
 Cath's / day \_\_\_\_\_  
 Refill monthly at these quantities for indicated length of need?  Yes  No  
 Straight Tip (A4351) or  Coude (A4352)  
 w/ Lubricant (A4332) or  
 w/ Insertion Supplies (A4353)

**Incontinence Supplies**

- Adult Diapers  Pull-Ups
- Liners  Underpads  Wipes

**Enteral Nutrition**

Formula: \_\_\_\_\_  
 Pump fed: cc/hr \_\_\_\_\_  
 Bolus fed: cans/ day \_\_\_\_\_

**CPAP Supplies**

- Humidifier
- Nasal Mask
- Full Face Mask
- Headgear
- Cushions
- Tubing
- Filters

**Respiratory Equipment**

**CPAP  BiPAP**

Cm H2O \_\_\_\_\_ I/E \_\_\_\_\_  
 Mask:  Nasal  Full Face  
 Heated Humidifier  
 Ramp: \_\_\_\_\_ Delay: \_\_\_\_\_  
 O2 bleed in at \_\_\_\_\_ lpm

**Oxygen Concentrator**

Portable  Conserver  
 Lpm: \_\_\_\_\_  
 Hrs/day: \_\_\_\_\_  
 Via  Cannula  Mask  
 O2 Sat: \_\_\_\_\_ ABG: \_\_\_\_\_ %  
 Test Date \_\_\_\_\_

**Suction Machine**

Suction Catheter Fr: \_\_\_\_\_  
 Yankauer  Adult  Pedi  
 50 psi Compressor  Trach:  
**Nebulizer**  
 Neb Kits  
 Medication: \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **NPI:** \_\_\_\_\_  
**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_