Adventist Health Sonora

Sonora Oxygen & Medical Supply
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Sonora, CA 95370
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DME EQUIPMENT ORDER

Physician: _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Fax Number: _____
NPI: _____

Patient Name: _____
DOB: _____
Order Date: _____
ICD10: _____
*****Length of need (LON):**
☐ 3 months ☐ 12 months (Lifetime)

Wheelchair → Complete Steps 1-3

Step 1: Select Base
☐ Standard 5'5"+ ☐ Heavy Duty 250-299
☐ Hemi 5'4" or less ☐ Extra HD 300 lbs +

Step 2: Leg Rest Type
☐ Elevating Legs ☐ Std Rest w/ Heel Loop

Step 3: Cushioning
☐ Seat Cushion ☐ Back Cushion

Other Options
☐ Anti-tips ☐ Transfer Board
☐ Wheel Lock Extensions ☐ O2 Carrier

Additional Documentation Required for the following options:
☐ Recline Back ☐ Seat Belt ☐ _____

Walker: ☐ With Wheels ☐ No Wheels
☐ 4-Wheeled, Seat, and Brakes
☐ Platform Attachment ☐ Hemi Walker

Cane: ☐ Single Point ☐ Quad Cane

Crutches: ☐ Standard ☐ Forearm-pair

Hospital Bed: w/ mattress and rails
☐ Semi Electric ☐ Fixed Height
☐ _____
Select Rail Style if other than full: ☐ ½ Rails

Alternating Pressure Pad & Pump: ☐
Low Air loss Mattress: ☐
Replacement Bed Mattress: ☐
Trapeze: ☐ **Hoyer Lift:** ☐

Commode: (Medicare/Medi-cal Only)
☐ Standard ☐ Heavy Duty ☒ Drop Arm

Bath Products: (Medi-cal Only)
☐ Shower Chair ☐ Tub Transfer Bench
☐ Grab Bars -QTY_____ (up to 3)
☐ Raised Toilet Seat

Other:
☐ _____

MD Signature _____ Date_____ Print Name_____