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Orlando
915 S Orange Ave
Orlando, FL 32806

Altamonte Springs
614 E Altamonte Dr
Altamonte Springs, FL 32701


Kissimmee
1113 N Central Ave
Kissimmee, FL 34741

Physicians Order

Patient Name _____ Date _____
Address _____
DOB _____ Height _____ Weight _____ Diagnosis _____ Length of Need _____


Respiratory

____ Oxygen liter flow _____
 ____ CPAP pressure _____
 ____ BIPAP pressure _____
 ____ Nebulizer _____
 ____ Overnight Oximetry _____
 ____ Accessories _____



Rehab (Attach Progress Notes)

____ Motorized Wheelchair
 ____ Scooter
 ____ Custom Manual Wheelchair
 ____ Wheelchair Cushion
 ____ Other _____



Aids of Daily Living


Walker: _____ Cane: _____
 ____ Standard _____ Straight Cane
 ____ Front Wheel _____ Sm Base Quad
 ____ Four Wheel w/seat _____ Lrg Base Quad
 ____ Platform Attachment _____

Crutches: _____ Commodes: _____
 ____ Standard _____ 3 in 1
 ____ Forearm _____ Drop Arm

Wheelchair: _____ Assistive: _____
 ____ Standard _____ Lift Chair
 ____ Lightweight _____ Transport Chair
 ____ Elevating Leg Rests _____

Orthotics / Prosthetics

____ Wrist Support
 ____ Ankle Support
 ____ Lumbar Support
 ____ Walking Cast Boot
 ____ Compression Stocking mmhg _____
 ____ Breast Prosthesis / Bras _____



Urologicals (indicate qty on line)

____ External Catheters
 ____ Intermittent Catheters Fr _____
 ____ Foley Balloon _____ Fr _____
 ____ Accessories _____

Enteral Nutrition

____ Calories Per Day
 ____ Method of Administration
 ____ Formula Type

Other

Special Instructions

Physician Name _____ DEA# _____
Phone # _____ UPIN # _____

Physician Signature _____ Date _____