Stance Health Solutions

SG Homecare — A Stance Health Solutions Company

Western Drug Medical Supply — A Stance Health Solutions Company

HPSJ ORDER FORM

PHONE: 855-350-2424 **FAX:** 855-819-8819 **EMAIL:** HPSJ@STANCEHEALTHSOLUTIONS.COM

PATIENT DEMOGRAPHICS

Patient Name:_____ **DOB**:_____**Gender:** _____M _____F

Phone:_____

Insurance:_____ **Policy ID**: _____

Diagnosis (ICD 10) : _____

GAIT DEVICES

____FRONT WHEELED WALKER

____4 WHEELED WALKER

____4 WHEELED WALKER W/ SEAT

____SPC

___WBQC/NBQC

WHEELCHAIRS

____STANDARD WEIGHT

____LIGHTWEIGHT

____HEMI HEIGHT

____ELEVATING LEG RESTS

____OTHER: _____

POWER & CUSTOM WHEELCHAIRS

____HIGH STRENGTH ULTRA LIGHTWEIGHT

____POWER WHEELCHAIR

____POWER SCOOTER

BATHROOM EQUIPMENT

____TUB TRANSFER BENCH

____SHOWER CHAIR

____ALL IN 1 COMMODE

____RAISED TOILET SEAT

CUSHIONS

____FOAM CUSHION

____GEL CUSHION

____ROHO CUSHION

____BACK CUSHION

NEBULIZER

____NEBULIZER WITH NEB CUP

____NEBULIZER MASK

MEDICATIONS_____

FREQUENCY_____

HOSPITAL BED

____SEMI ELECTRIC ____FULLY ELECTRIC

____FULL RAILS

____HALF RAILS

BREAST PUMP

____ELECTRIC

____HOSPITAL GRADE

Flange Size:

___ Small (19mm / 21mm)

___ Medium (25mm - Standard)

___ Large (28.5mm / 30.5mm)

SUPPORT SURFACES

____GEL OVERLAY

____ALTERNATING PRESSURE PAD

____LOW AIR LOSS MATTRESS

____OVERHEAD TRAPEZE BAR

____OTHER:_____

NOTES:

ALL ITEMS WLL BE DISPENSED PER GUIDELINES/ALLOWABLES UNLESS CLINICIAL JUSTIFICATION IS PROVIDED FOR AMOUNTS GREATER THAN GUIDELINES/ALLOWABLES

Physician Name:_____ **NPI**:_____

Phone:_____ **Fax:**_____

Physician Signature:_____ **Date**: _____