



DASCO HOME MEDICAL EQUIPMENT

DME QUICK SCRIPT

Our family serving yours since 1987

Patient's Name _____

Patient's home phone and cell # _____

Patient's Address _____

Date Prescribed: _____

Copy of demographic information attached Copy of insurance information attached

Walkers (check all that apply)

Diagnosis: _____ <small>(must be a medical condition impairing ambulation)</small>	ICD-9: _____	Length of Need: _____ <small>(1-99, 99=lifetime)</small>
___ Standard folding walker (less than 300 lbs)	___ Heavy Duty walker (greater than 300 lbs)	
___ 3" fixed wheels ___ 5" fixed wheels	OR	___ 3" swivel wheels ___ 5" swivel wheels
Platform attachment: ___ Right forearm ___ Left forearm	Patient's WT _____	HT _____
<small>(If this is a Medicare patient, please fill out the reverse side)</small>		

Wheelchairs (check all that apply)

Diagnosis: _____ <small>(must be a medical condition impairing ambulation)</small>	ICD-9: _____	Length of Need: _____ <small>(1-99, 99=lifetime)</small>
___ Standard <small>(18" wide less than 250 lbs)</small>	___ Lightweight <small>(due to weakness)</small>	___ Heavy Duty <small>(greater than 250 lbs)</small>
		___ Extra Wide <small>(24" wide less than 350 lbs)</small>
Elevating Leg Rest: ___ Right ___ Left	*Need supporting Dx: _____	Patient's HT _____
<small>(*Additional Dx needed)</small>	<small>(If this is a Medicare patient, please fill out the reverse side)</small>	WT _____

Bedside Commodes (check all that apply)

Diagnosis: _____ <small>(covered when the pt is physically incapable of utilizing regular toilet facilities)</small>	ICD-9: _____	Length of Need: _____ <small>(1-99, 99=lifetime)</small>
___ Standard 3-in-one (less than 300 lbs)	___ Heavy Duty 3-in-one (greater than 300 lbs)	
One of the following MUST apply – please circle:		
1) The patient is confined to a single room, or		
2) The patient is confined to one level of the home, no toilet on that level, or		
3) The patient is confined to a home with no toilet facilities in the home		

Pulse Oximetry Services

Spot check Overnight Spot check &/or Overnight as needed to evaluate O2 needs

Physician's Handwritten Signature X _____

Date: _____

Physician's Printed Name _____

Address _____

Phone _____

Store hours: M-F 8am to 5pm

Afterhours set-ups, please call 1-800-892-4044