WESTERN DRUG MEDICAL SUPPLY

3604 San Fernando Road • Glendale, CA 91204
Tel: (855) 350-2424 • Fax: (855) 819-8819
Email: sales@westerndrug.com • www.westerndrug.com

Patient Name_____ DOB_____

Pt Home Address_____ Tel._____

Insurance ❑ M/Care ❑ M/Cal ❑ Other _____ Referring MD_____

ID # _____ Height _____ Weight _____

Diagnosis ❑ COPD ❑ CHF ❑ OSA ❑ Diabetes Mellitus (IDDM) ❑ Osteoarthritis

❑ Osteoporosis ❑ CVA ❑ Myocardial Infarction ❑ Hip Fracture ❑ Other _____

EQUIPMENT

Gait Device **L.O.N.**_____

❑ FWW
❑ 4WW
❑ SPC
❑ WBQC/NBQC

Bathroom Equipment **L.O.N.**_____

❑ Tub Transfer Bench
❑ Shower Chair
❑ All in 1 Commode
❑ Raised Toilet Seat

Hospital Bed **L.O.N.**_____

❑ Semi Electric ❑ Fully Electric
❑ Full Rails
❑ Half Rails
❑ Mattress
❑ Get Overlay
❑ Alternating Pressure Pad
❑ Low Air Loss Mattress
❑ Overhead Trapeze Bar
❑ Other _____

Diabetic Supplies

❑ Glucometer
❑ Strips Qty: 100 Other _____
❑ Lancets Qty: 100 Other _____

Incontinence Supplies

❑ Diapers
❑ Underpads

Wheelchair **L.O.N.**_____

❑ Standard Weight ❑ Foam Cushion
❑ Lightweight ❑ Gel Cushion
❑ Hemi Height ❑ Roho Cushion
❑ Elevating Leg Rests ❑ Back Cushion
❑ Other _____

Custom Wheelchairs **L.O.N.**_____

❑ High Strength Ultra Lightweight
❑ Power Wheelchair
❑ Power Scooter

Respiratory **L.O.N.**_____

❑ Oxygen @ _____LPM via nasal Canula
❑ Continuous
❑ Nocturnal Only

* PLEASE PROVIDE OXYGEN TEST RESULTS *

❑ Nebulizer w/Neb Cup Medications: _____
Frequency: _____
❑ Nebulizer Mask

Sleep Equipment **L.O.N.**_____

❑ CPAP ❑ AUTO CPAP ❑ BiPAP
❑ BiPAP w/Backup Rate ❑ Auto BiPAP
❑ Heated Humidifier
Settings:_____

Physician's Signature: _____ Date: _____