DME Orders

972-524-6800 1-800-594-5705

Fax: 972-524-9200

Email: dougpp@sbcglobal.net www.americanhomecare.us



Pritchett Medical Equipment, Inc



Terrell 211 W. Moore Avenue	Rockwall 500 Turtle Cove Blvd #150	Mesquite Emory 2944 Motley #410 600 East Lennon #130
Terrell, Texas 75160	Rockwall, Texas 75087	Mesquite, Texas 75150 Emory, Texas 75150
Name:		Medicare #
Address:		Other Insurance:
		Ins. Address:
Home Phone:		Ins. Phone:
Daytime Phone:		Policy Group #
DOB:	Length of need:	Height: Weight:
Emergency Contact:		Phone:
Durable Medical Equipm	ent	
Quad cane	Single tip cane	Bedside commode
Walker	Walker with wheels	Rollator walker with breaks and seat
Electric wheelchair	Lift chair	Scooter
Standard Wheelchair	Lightweight wheelchair	Heavy duty wheelchair Elevating leg rest
Hospital bed	Gel overlay	Alternating air mattress
Respiratory		
0₂ Concentrator & Gas @ LPM Continuous		
% of Saturation Saturatio	n Date:	Test Location:
Nebulizer and supplies		
Diagnosis (Please check all that	t apply)	
Chronic Bronchitis 491.0	Asthma 493.00	Sleep Apnea 780.57
Emphysema 492.8	COPD 491.21	CHF 428.0
Osteoarthritis 715.09	Muscle weaknes	s 728.87 Abnormal gait 781.2
Parkinson's 332	Other	
Physician's Name:		
Address:		
City, State, Zip:		
Physician's Signature:		