



Prescription Durable Medical Equipment

Phone: 661-393-4877 Fax: 661-393-7339—Email: intake2@kernmedicalsupply.com

Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Insurance Company: _____ Policy #: _____
 Date of Birth: _____ Height _____ Weight _____ Diagnosis _____

Physician Name: _____
 Phone #: _____
 Fax #: _____
 NPI #: _____

Please select how long your patient needs to use the items requested.

LENGTH OF NEED _____ MONTHS LIFETIME**

Wheelchairs

Standard<300 (K0001), Flip Arms(E0973), Large Seat(E2201), Anti Tippers(E0971), Foam Cushion(E2601), Back Cushion(E2611)
 Lightweight<300 (K0003), Flip Arms(E0973), Large Seat(E2201), Anti Tippers(E0971), Foam Cushion(E2601), Back Cushion(E2611)
 Ultra Light<300 (K0005), Flip Arms(E0973), Large Seat (E2201), Anti Tippers(E0971), Foam Cushion(E2601), Back Cushion(E2611)
 Heavy Duty>300 (K0006), Flip Arms(E0973), Large Seat(E2202), Anti Tippers(E0971), Foam Cushion(E2601), Back Cushion(E2611)
 Extra Heavy>300 (K0007), Flip Arms(E0973), Large Seat(E2202), Anti Tippers(E0971), Foam Cushion(E2601), Back Cushion (E2611)
 Pediatric<250 (E1236), Flip Arms(E0973), Anti Tippers(E0971), Foam Cushion(E2601), Back Cushion (E2611), Seat Belt (E0978)
 Reclining<350 (K0001), Recliner (E1226), Flip Arms(E0973), Anti Tip(E0971), Foam Cushion(E2601), Back Cushion (E2611)

Wheelchair Accessories

Transfer Board Arm Trough Elevated Legs

Crutches

Pediatric Child Youth Adult Adult Tall Forearm

Bathroom Aids

Shower Chair Transfer Bench Raised Toilet Seat
 Drop Arm Commode Commode Bariatric Commode

Walkers

Front Wheeled Bariatric w/ Platform Attachment L / R
 Hemi Walker Rollator w/ Seat & Brakes Tall Extension 4"

Hospital Beds

Semi-Electric Foam Mattress Alt. Pressure Mattress
 Half Rails Full Rails Trapeze Bar Hoyer Lift

Canes

Three Point Quad Bariatric Quad

Orthopedic Bracing — Right Left Bilateral

Wrist Brace Arm Sling w/Pillow Neck Brace
 Cervical Traction /Pneumatic Shoulder Immobilizer
 Knee Sleeve Knee Brace /Hinged
 Knee Brace/Hinged-ROM Knee Immobilizer Ankle Brace
 Abdominal Binder Hernia Belt Rib Belt
 Back Brace— Lumbar Lumbar/Thoracic w/side Stab.
 Walking Boot Pneumatic—Shoe Size _____ Night Splints

Respiratory

Oxygen Concentrator—LPM _____ Freq. _____ #Tanks _____
 Delivery Method— Nasal Cannula Mask Bleed In
 CPAP BiPAP— _____ cmH2O Full Mask Nasal Mask
 Nebulizer

Other Services

BiliBed Breast Pump Lymphedema Pump
 Tens Unit Hot/Cold Pads Heating Pad

Notes / Comments: _____

Physician Signature: _____ Date: _____