



**DME PRESCRIPTION**

**PROVIDER:** KERN MEDICAL SUPPLY, LLC  
2520 PEGASUS DRIVE  
  
BAKERSFIELD, California 93308-6807  
**Phone** (661)393-4877  
**FAX** (661)393-7339

**PHYSICIAN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**NPI** \_\_\_\_\_

**PATIENT: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**INSURANCE POLICY:** \_\_\_\_\_  
\_\_\_\_\_

**LENGTH OF NEED:** 99

**DIAGNOSIS**

| ICD-10 Code | Description |
|-------------|-------------|
| _____       | _____       |
| _____       | _____       |
| _____       | _____       |
| _____       | _____       |

**EQUIPMENT/SERVICES**

| Qty | Proc. Code | Item Name/Narrative                           |
|-----|------------|---|
| 1   | L3807      | PEDIATRIC WRIST BRACE WITH THUMB SPICA- L3807 |

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_