Heritage Complete Home Care Home Medical Equipment 1-800-995-4955

Respiratory Care	Walking Aids
—— Home Oxygen	Walker
Portable Oxygen	Adult
LPM Frequency SaO2 PaO2	Junior
1402	——Heavy Duty
——— Suction Machine	Wheeled
	Seated
—— Nebulizer Compressor	Cane
50 psi Compressor	Single Point
CPAP @ cmH2O	Quad
Bi-Level @ IE	——— Crutches
Cool Humidifier Heated Humidifier	Wheelchairs and Cushions
Nasal Mask	Standard
— Full Face Mask	Reclining
Beds/Bedroom items	Heavy Duty (300+lbs.)
	Elevating Leg Rests
Hospital Bed (semi-electric)	Gel Cushion
Bariatric Hospital Bed (semi-electric) 350 + capacity	——Foam Cushion
Pressure pad for Mattress	Gel/Foam Cushion
Alternating Pressure Mattress	Roho Cushion
Trapeze Bars	
Over-the-bed Table	General —— Compression Stockings
Bedside Commode	
Patient Lift (Hoyer)	Length Compression mmhg Sequential Compression Device (SCD Hose)
Commode Sling Standard Sling	Blood Pressure Monitors
Bathroom Items	Lift Chair
	Tens Unit
Shower Chair	Other
Transfer Bench	
Bath Rail	
Hand Held Shower	Places for this form with a convert the nationts's
Raised Toilet SeatW/Arms	Please fax this form with a copy of the patients's demographic information to (740) 537-2545
Incontinence Supplies	
Pull-up Style Poise Pads	If you have any questions or concerns please
Tab Diaper Style Chux	call 1-800-995-4955 We accept most insurance plans
	**C accept most misurance plans
Patient Name	Physician's Name
	Physician's Signature
Diagnoses	1 117 0101011 0 0151101010

Date of last face to face examination_____