

HOSPITAL BED ORDER (L11557)

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Section I

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|--|-------------------------------|
| PATIENT: Phone: | PHYSICIAN: |
|--|-------------------------------|

Section II

DIAGNOSIS and ORDER

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|--|
| Diagnosis: _____ _____ _____ |
| <input type="checkbox"/> BED LIGHTWEIGHT SEMI ELECTRIC, H&F SECTION, BARS and MATTRESS |
| Length of Need : _____ |

Section III

(Check **Y** for Yes, or **N** for No)

ADDITIONAL MEDICAL INFORMATION

1. Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition?
Y N
2. Does the patient require, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed?
Y N
3. Does the patient require the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or aspiration? Y N
4. Have pillows and wedges been considered and ruled out? Y N
5. Does the patient require traction which can only be attached to a hospital bed? Y N
6. Does the patient require a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position? Y N
7. Does the patient require frequent changes in body position and/or have an immediate need for a change in body position? Y N
8. How much does the patient weigh? _____ Lbs

PLEASE ALSO INCLUDE, IF AVAILABLE, H&P, PROGRESS NOTES (MOST RECENT PERTAINING TO DIAGNOSIS), PRESCRIPTION AND/OR ANY OTHER RELEVANT INFORMATION

Physician Signature _____

Date _____