Hometown Medical Equipment

506 Manchester Expressway ● Suite B13 ● Columbus, GA 31904
● Tollfree: 844-260-9280 ● Phone: 706-507-2222● Fax: 706-507-2233

Physician's Order

Patient's Name:		D.O.B.	____/____/____

Address:_____ **Phone: (____)**_____ **Email:**_____

City:_____ **State:**_____ **Zip:** _____

Insurance Carrier:_____ **Insurance ID Number:** _____

Sponsor/Policy Holder Name:_____ **Sponsor/Policy Holder DOB:**_____/_____/_____

Diagnosis:			**ICD-10 Code:**	
Diagnosis:			**ICD-10 Code:**	
Diagnosis:			**ICD-10 Code:**	
Diagnosis:			**ICD-10 Code:**	

Length of need for product: _____

Personal care items or one person use items, Length of Need is Lifetime=99

TENS UNITS		KNEE ORTHOSIS		ANKLE/FOOT ORTHOSIS	
☐	Standard Unit w/ Supplies	☐	Hinged Knee Brace **(R or L)**	☐	Ankle Splint **(R or L)**
☐	w/ EMS Stimulation	☐	Knee Immobilizer **(R or L)**	☐	Cam Walker **(R or L)**
☐	w/ Interferential Stimulation			☐	I-Walk Platform (crutch substitute)
☐	Electrode Supply Only				
☐	Wires for Unit Only				
SUPPORT		**LUMBAR SUPPORT**			
☐	Positioning Pillow & Wedge	☐	Single-Level Lumbar Support Brace w/ panels		
		☐	Multi-Level Lumbar Support Brace w/o panels		

UPPER EXTRENITY SUPPORT		COMPRESSION SUPPORT		QTY#	REFILLS
☐	Carpal Tunnel Splint **(R or L)**	☐	Compression Sleeve (arm) **(R or L)**	18-30mmHg	#
☐	Radial Ulnar Wrist Brace Support **(R or L)**	☐	Compression Sleeve (leg)	18-30mmHg	#
☐	Thumb Spica Splint **(R or L)**	☐	Compression Calf Length	18-30mmHg	#
☐	Wrist Thumb Splint Support w/o joint prefab **(R or L)**	☐	Compression Full length- (Open or Close Toe)	18-30mmHg	#
☐	Shoulder Immobilizer **(R or L)**	**Shoe Size:	**HT:**	**WT:**	**Calf Length:** **Ankle :**

MISCELLANEOUS		
EQUIPMENT DESCRIPTION	**LENGTH OF NEED**	**(R) (L) (BILATERAL) (N/A)**

My signature below certifies that the equipment listed above is medically necessary.

PROVIDER SIGNATURE:_____ **DATE:** _____

Provider Name Printed:_____ **Provider NPI:** _____

Provider Phone#:_____ **Provider Address:**_____

MTF or Practice Name::_____

NOTE: Please complete and fax to our office or give to the patient. Patient may visit https://www.htmeq.com to complete secure electronic documents. {Rev02/20}

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