

Precision Medical Solutions, LLP

119 Market Place - Montgomery, AL 36117

(334) 260-3767 • (334) 260-8133 Fax

PRESCRIPTION FORM

Patient Name: _____ DOB: _____

Diagnosis: _____

- | | |
|---|---|
| <input type="checkbox"/> Wheelchair, Manual | <input type="checkbox"/> Knee Orthosis - OSTEOARTHRITIS Right Left |
| <input type="checkbox"/> Wheelchair, Manual - Light Weight | <input type="checkbox"/> Knee Orthosis - Neoprene Right Left |
| <input type="checkbox"/> Wheelchair, Elevating Leg Rests | <input type="checkbox"/> Knee Orthosis - ROM Right Left |
| <input type="checkbox"/> Wheelchair, Power | <input type="checkbox"/> Knee Orthosis - ACL / MCL Right Left |
| <input type="checkbox"/> Seat Lift Device | <input type="checkbox"/> AFO - Multiligamentus Right Left |
| <input type="checkbox"/> Lift Chair | <input type="checkbox"/> AFO - Night Splint Right Left |
| <input type="checkbox"/> Commode, 3-In-1 | <input type="checkbox"/> AFO - Drop Foot Right Left |
| <input type="checkbox"/> Cane, Straight | <input type="checkbox"/> AFO - Walker Right Left |
| <input type="checkbox"/> Cane, Quad Large Base Small Base | <input type="checkbox"/> Wrist Splint Right Left |
| <input type="checkbox"/> Crutches, Pair Adult Youth | <input type="checkbox"/> Thumb Spica Right Left |
| <input type="checkbox"/> Walker, Three-Wheel Folding | <input type="checkbox"/> Back Brace |
| <input type="checkbox"/> Walker, Folding with Wheels & Seat | <input type="checkbox"/> Lumbar Traction Unit |
| <input type="checkbox"/> Walker, Hemi | <input type="checkbox"/> Compression Sleeve / Gauntlet |
| <input type="checkbox"/> Walker, Standard Folding | <input type="checkbox"/> Compression Stockings |
| <input type="checkbox"/> Walker, Folding with Wheels & Glides | <input type="checkbox"/> Compression Needed (20-30, 30-40, 40-50) |
| <input type="checkbox"/> TENS Unit | <input type="checkbox"/> Knee Hi Thigh Hi Panty Hose |
| <input type="checkbox"/> Hot & Cold Therapy Unit | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> Cam Walker | |
| <input type="checkbox"/> Diabetic Conformer Boot | |
| <input type="checkbox"/> Diabetic Shoes & Inserts | |
| <input type="checkbox"/> Cervical Collar, 2" Soft | |
| <input type="checkbox"/> Cervical Collar, 3" Soft | |
| <input type="checkbox"/> Cervical Collar, 4" Soft | |
| <input type="checkbox"/> Cervical Collar, 3" Rigid | |
| <input type="checkbox"/> Cervical Traction Unit | |

We are located 1/4 mile east of Bell Road off the Atlanta Hwy. Turn right between Auto Zone and The Bedroom and we are about halfway down the street on the left side.

Physician's Signature

Date

Physician's Name (Printed): _____