Allay HOME CARE

ORDER

Complete & Fax To:

Beckley 304.255.3905 Princeton 304.487.9714

PATIENT INFORMATION

Patient Name: _____

Patient Address: (Street) _____

(City)_____ (State)_____ (Zip) _____

Phone Number: _____ DOB ___/___/___

SSN#: _____-___-_____ Ht. _____" Wt. _____ lbs.

Primary Insurance / Policy # / Group ID (when applicable):

_____ / _____ / _____

Secondary Insurance / Policy # / Group ID (when applicable):

_____ / _____ / _____

Diagnosis: _____ / _____ / _____

Infectious Diseases A B N/A

Length of Need (99 months = Lifetime) _____

RESPIRATORY

- ☐ Oxygen Concentrator
- ☐ Portable System
- ☐ Home Fill (if applicable)
  - SpO2% _____ Liter Flow _____ lpm
  - Test Date _____ ☐ At Rest ☐ During Exercise ☐ During Sleep
- ☐ Nebulizer
- ☐ Suction Machine
- ☐ Pulse Oximetry Study
- ☐ CPAP Pressure _____
- ☐ Bi Pap Settings I_____/E_____

HOSPITAL BEDS/ACCESSORIES

- ☐ Hospital Bed
- ☐ Trapeze Bar
- ☐ Patient Lift
- ☐ Gel Foam Overlay
- ☐ Alternating Pressure Pad & Pump
- ☐ Low Air Loss Mattress

REFERRAL INFORMATION

Facility: _____

Contact Name: _____

Physician Name: _____ NPI# _____

Phone #: _____ Fax #: _____

Date: _____

WHEELCHAIRS / AMBULATION

- ☐ Power Chair
- ☐ Scooter
- ☐ Light Wt. Wheelchair
  - ☐ Foot Rests
  - ☐ Elevating Leg Rests
  - ☐ Cushions ☐ Seat ☐ Back
- ☐ Walker
  - ☐ With Wheels
- ☐ Rollator
- ☐ Quad Cane
- ☐ Straight Cane

BATH SAFETY

- ☐ 3-1 Commode
- ☐ Transfer Bench
- ☐ Shower Chair
- ☐ Elevated Toilet Seat

OTHER EQUIPMENT/NEEDS: _____

_____

_____

_____

_____

_____

_____

_____

_____

Physician Signature _____ Date ___/___/___

Locally Owned & Operated

Beckley 304.255.0202 Princeton 304.487.9711