

# Prescription

## Durable Medical Equipment

### PATIENT INFORMATION please print legibly

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

### DIAGNOSIS

Primary \_\_\_\_\_  Secondary \_\_\_\_\_

ICD Diagnosis Codes: \_\_\_\_\_

### MEDICAL CONSEQUENCES

Complications include but not limited to:

Decrease in:

Bowel/Bladder Function       Strength  
 Cardio/Res. Function       Bone Density  
 Range of Motion       Circulation

Increase in:

Pressure Ulcers       Weight  
 Pain       Fractures

### MEDTHERA WALK THERAPY

It is recommended that \_\_\_\_\_

Complete walking therapy with WalkPort:

½ hour session per day, 7 days/week  
 1-hour session per day, 7 days/week  
 1 ½ -hour session per day, 7 days/week

Other: \_\_\_\_\_

### DME PRESCRIPTION

WalkPort, Supported Walk Station

### PHYSICIAN INFORMATION

Attending Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_ NPI #: \_\_\_\_\_

Attending Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_