

**Pegasus MedDepot**

1814 High Ave, Panama City, FL 32405

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**DME order form:**

Please fax order to (850) 347-2008

Patient: First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

D.O.B \_\_\_\_\_ Gender M / F Phone #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Primary Insurance ID #: \_\_\_\_\_ Name \_\_\_\_\_

Secondary Insurance ID #: \_\_\_\_\_ Name \_\_\_\_\_

Delivery address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Ordered by: \_\_\_\_\_ NPI # \_\_\_\_\_

Diagnosis / ICD-10 Code: \_\_\_\_\_

**Hospital bed and Accessories**

- Standard Full Electric Hospital Bed with half Rail
- Bariatric Full Electric Hospital Bed with half Rail
- Gel Infused memory foam mattress
- Low Air Loss alternating Pressure Mattress with Digital Pump
- Overbed Table with Wheels
- Standard Trapeze Bar
- Bariatric Trapeze Bar 1,000 lb. Weight

**Oxygen/Respiratory**

- Oxygen Concentrator - 5 Liters per Minute
- Oxygen Concentrator - 10 Liters per Minute
- Portable Oxygen E Cylinder with Regulator & Cart
- Nebulizer Compressor & Tubing
- Oxygen Conserving Regulator
- Pulse Oximeter
- Suction Machine
- Holder for Oxygen Cylinder on Wheelchair

**Accessories**

- Walker
- Rollator
- Wheelchair size based on weight
- Geri chair
- Hoyer Full Body Patient Lift – Max 400lb
- Hoyer Full Body Patient Lift – Max 600lb
- Lift Chair 500lb
- Bedside Commode
- Bedside Commode bariatric
- IV Pole
- Shower Chair with Back size based on weight

**other needed items:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider Authorization:

I certify that the above equipment and/or supplies are medically necessary for the patient listed above.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_