

Pegasus MedDepot

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Pegasusmeddepot@gmail.com



Hospice order form:

Please fax order to (850) 347-2008

Patient: First Name: _____ Last Name _____

D.O.B _____ Gender M / F Phone #: _____

Height: _____ Weight: _____ lbs. Payer/hospice _____

Delivery address: _____ City/Zip: _____

Delivery priority:

- Stat (0-2 Hours)
- Same Day (0-8 Hours)
- Within 48 Hours
- Other date/time _____

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

Hospice 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:

Ordered by: _____ Date: _____