



**HOMETOWN**  
**MEDICAL SUPPLIES**

75 Phelan Avenue # 1, San Jose, CA 95112  
Phone (408) 279- 3955, Fax (408) 493- 4425

Inexpensive DME Items Prescription

☞ Patient's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

☞ Patient's Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Medicare # \_\_\_\_\_

☞ Please circle the required durable medical products and complete the required information.

Description	√	Description	√
Semi Electric Hospital Beds		Front Wheel Walker (FWW)	
Hoyer Lift		FWW + Seat	
Trapeze Bar		3-1 Commode	
Manual Wheelchair+ Seat and back cushion		Lift Chair	
Lightweight manual wheelchair		Cane	
Reclining Wheel Chair		Crutches	
Transport chair		Other:	

Diagnosis: \_\_\_\_\_

ICD-9 Codes: \_\_\_\_\_

Length of Need: \_\_\_\_\_ (99 months is lifetime).

By signing below you agree that the patient has medical conditions that warrant the need for prescribed DME.

1. Physician's Last Name: \_\_\_\_\_

2. Physician First Name: \_\_\_\_\_

3. Physician's Signature: \_\_\_\_\_ NPI: \_\_\_\_\_

4. Date: \_\_\_\_\_

☞ Please fax the form to (408) 493 – 4425.

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Hometown Medical Supplies