PHYSICIAN'S PRESCRIPTION

Fax to: 248.826.5120

Leaving a Legacy of Excellent Patient Care

Detroit Medical Devices

PATIENT INFORMATION

Patient Name: _____

DOB: _____

Home Phone:_____Cell Phone: _____

Right:_____Left:_____ Bilateral: _____ Thoracic: _____Lumbar: _____

ICD-10 Code(s): _____

Procedure:_____

Date of Surgery (if applicable):

❑ Surgical ❑ Non-Surgical

Date of Injury (if applicable):

COLD / COMPRESSION THERAPY UNITS & DVT

❑ **DVT (PlasmaFlow)** ❑ 14 days ❑ 21 days ❑ 28 days

❑ **Recovery Plus (Cold Compression Therapy)** ❑ 30 days ❑ 45 days ❑ 60 days

Protocol: _____

CONTINUOUS PASSIVE MOTION (CPM) UNITS

❑ Use to increase ROM, reduce joint stiffness ❑ 14 days ❑ 21 days ❑ 28 days

❑ **Knee CPM E0935** ❑ **Hip CPM** ❑ **Shoulder CPM E0936** ❑ **Wrist CPM** ❑ **Ankle CPM**

Protocol: _____

OA BRACING

❑ Medial Unloader ❑ Lateral Unloader ❑ Hip Abduction Brace ❑ OA Hip Brace

MISCELLANEOUS DME

❑ Rollator w Seats and Brakes	❑ Walker	❑ Wheel Chair	❑ Knee Scooter
❑ Crutches	❑ Cane	❑ Commode	❑ TENS
❑ Bone Growth Stimulator	❑ NMES	❑ Spinal Bone Growth Stim	❑ Misc: _____

LENGTH OF NEED / MEDICAL NECESSITY

❑ Initial Rental Length of Need: _____

❑ Rental Extension Length of Need: _____

❑ Sale/Purchase Requested: _____

DO NO SUBSTITUTE (DAW): ❑

I, the undersigned, confirm the order for the above named patient. I certify that the prescribed treatment is medically reasonable and necessary in reference to accepted standards of medical practice within the community for treatment of this patient's condition.

Physician Signature:_____Date: _____

q Gregory Nowinski, MD 1205826427	q Craig Roodbeen, MD 1780674903	q Bob Belke, PA-C 1932533460
q Michael Hubers, MD 1942290168	q Donald Knapke, MD 1366432569	q Joel Kutz, PA-C 1528149788
q Christina Endress, MD 1528293008	q Nicholas Dutcheshen, MD 1568420305	q Kyle Allen, PA-C 1669751905
q Gregory Zemenick, MD 1396735510	q Sean Matuszak, MD 1922214311	q Anthony Franco, PA-C 1780018432
q Zachary Endress, MD 152805874	q Michael Flierl, MD 1043535552	q Kristen Loush, PA-C 1558706077

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PLEASE FAX THIS FORM WITH A COPY OF PATIENT INSURANCE/DEMOGRAPHIC INFORMATION TO 248.826.5120