

medcomdirect

18699 WCR 17

Johnstown, CO 80534

1-800-231-4276 facsimile 1-888-968-4276

A cost effective way to deliver:

- Foot Pumps
- CPMs
- Cold Therapy
- SCD

Patient Intake Form

Please Check and complete information for which products Patient requires

Prescribing Physician please check the line by each piece of equipment that is desired for the patient. It is imperative that all questions are answered for the equipment. Equipment pricing includes ground freight to patient, and return freight on rental equipment, twenty-four (24) hour telephone support, instructions, and early delivery of equipment prior to surgery. Please allow medcomdirect to ship equipment to your patient *prior* to their surgery to facilitate patient education on equipment's use.

medcomdirect is helping to conserve those precious rehabilitation dollars.

I. Physician's Portion

(A) Equipment prescribed; B) Fitting Information; C) Settings and Use; D) Physician's Signature



___ Foot Pump
 ___ \$375 5-day Rental Period
 ___ \$475 10-day Rental Period
 ___ \$675 per month
 ___ Shoe Size
 ___ Man ___ Women
 Legs/Hands Involved
 ___ Left ___ Right ___ Both
 Pressure Setting
 ___ Low 80 mm
 ___ Medium 130 mm
 ___ High 200 mm
 ___ Hours of use per day
 Disposable Wraps
 \$95 per Foot
 \$75 per Hand

___ Knee CPM
 \$675 per month
 ___ Left ___ Right
Length from crease of knee to bottom of heel

 Range Of Motion
 Start _____
 End _____
 Speed
 ___ Increase to Patient Tolerance or
 ___ Slow ___ Medium ___ Fast
 ___ Hours per day of use
 Disposable Patient Kit - Included

___ Cold Therapy Coolers
 ___ Thermos Model \$145
 ___ Electric model with pump \$185

Specify Pad required:
 ___ Knee
 ___ Shoulder
 ___ Foot/Ankle
 ___ 3"x5"
 ___ 5" x 10"
 ___ 10"x18"

___ SCD™
 \$275 per month for Controller
Disposables
 ___ Thigh Length Leg Sleeves \$195 pr.
 ___ Knee (Shoulder) Length Leg Sleeves \$145 pr.
 ___ Hours of use per day
 Lifetime use models available for chronic conditions. Please call or e-mail us for additional information.

Equipment-related Diagnosis

 _____ ICD-9

Equipment-related Diagnosis

 _____ ICD-9

Equipment-related Diagnosis

 _____ ICD-9

Equipment-related Diagnosis

 _____ ICD-9

Physician's Signature

Physician Printed Name

Date

UPIN

NOTE: FORM CONTINUES ON REVERSE SIDE →

