

• **BRACING**

(Most Insurances)

BACK BRACE*
KNEE BRACE*
WRIST BRACE*
ANKLE BRACE*
ELBOW BRACE*
WALKING BOOT*

• **BATHROOM SAFETY**

(Medicaid)

SHOWER CHAIR
CLAMP-ON TUB RAIL
GRAB BAR
HAND HELD SHOWER

• **MOBILITY**

(Most Insurances)

POWER WHEELCHAIR*
WALKER
WALKER W/SEAT
MANUAL WHEELCHAIR*
SCOOTERS

• **REHABILITATION AFTERCARE**

CONTINUOUS PASSIVE MOTION MACHINES
LIFT SYSTEMS & TRAPEZE BAR
CRUTCHES & HIP KITS
HOSPITAL BEDS
BEDSIDE COMMODES
LOW AIR LOSS MATTRESSES

• **INCONTINENCE**

(Medicaid)

PULL-UPS
BLADDER PADS
BED PADS (CHUCKS)
DIAPERS W/TABS
GLOVES

• **WOUNDS**

(Most Insurances)

GEL OVERLAY MATTRESS
SEAT CUSHIONS
BACK CUSHIONS

Complete Form Below Or Attach Demographic/Face Sheet

**Indicates Special Notes*

Name: _____ DOB: _____

Delivery/Service Address: _____

Phone Number(s) for delivery/service call ahead: _____

Insurance#(s): _____ Dr. Name: _____

Height and Weight (or estimate): _____ DX: _____

Next Dr's appointment (if applicable): _____



Stacy Millikin

MS, OTR/L, ATP

CELL: (870) 613-2433

FAX: (501) 229-6338



Items provided and billed through*
*or patient choice DME provider