

**ABSOLUTE
MEDICAL
EQUIPMENT, INC.**

**Hospice Order & Discharge Form
Hospice: _____**

Please fax form to: 678-854-9238

Direct phone calls to:
678-854-9234 • Newnan
706-562-1600 • Columbus
770-716-3833 • Fayetteville

please circle one

Date: _____ Patient Height _____ Weight _____
New Patient
Existing Patient

Patient Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Alt Phone: _____ Contact Person: _____

- | | |
|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Oxygen Concentrator _____ LPM, w/portable system |
| <input type="checkbox"/> Quadcane | <input type="checkbox"/> Portable oxygen system only (no concentrator) |
| <input type="checkbox"/> Walker, standard | <input type="checkbox"/> Nebulizer |
| <input type="checkbox"/> Walker, rolling | <input type="checkbox"/> A.P.P. <input type="checkbox"/> Gel Overlay <input type="checkbox"/> Low Air Loss |
| <input type="checkbox"/> Bedside Commode, Heavy Duty | <input type="checkbox"/> Pressure relief mattress |
| <input type="checkbox"/> Bedside Commode | <input type="checkbox"/> Shower chair |
| <input type="checkbox"/> Wheelchair, standard | <input type="checkbox"/> Tub Transfer Bench |
| <input type="checkbox"/> Wheelchair, lightweight | <input type="checkbox"/> Patient Lift |
| <input type="checkbox"/> Wheelchair, heavy duty, extrawide | |
| <input type="checkbox"/> Elevated leg rest for wheelchair | Other equipment needed not listed: |
| <input type="checkbox"/> Gel Cushion for wheelchair | _____ |
| <input type="checkbox"/> Foam Cushion for wheelchair | _____ |
| <input type="checkbox"/> Hospital Bed | _____ |
| <input type="checkbox"/> Trapeze Bar | _____ |

DISCHARGE DATE: _____ **Contact Name/Phone** _____

Discharge reason: deceased (date of death _____) revoked other
please circle one

Equipment is at: Home Facility Facility Name _____ Room # _____
please circle one

MARK BOX FOR PICK UP OF ALL EQUIPMENT - If not all, please list only equipment to be picked up:

Special Instructions/Notes: _____

Hospice Rep for order

AME Rep for order

Hospice Rep for discharge

AME Rep for discharge