

**ABSOLUTE  
MEDICAL  
EQUIPMENT, INC.**

560 Marksmen Court  
Fayetteville, Georgia 30214

6014 Macon Road  
Columbus, Georgia 31907

30 East Gordon Road  
Newnan, Georgia 30263

FAX ORDER TO: 1-866-930-1360 or call 1-877-233-3833

**Home Medical Equipment Physician's Order**

Date: \_\_\_\_\_ Patient Height \_\_\_\_\_ Weight \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**PROGNOSIS:** \_\_\_\_\_ **LENGTH OF NEED:** \_\_\_\_\_

Equipment Prescribed - no further order needed

Equipment Prescribed that requires specialty qualifications

\_\_\_ Cane

\_\_\_ Oxygen Concentrator \_\_\_\_\_ LPM, w/portable system

\_\_\_ Quadcane

\_\_\_ Nebulizer

\_\_\_ Walker, standard

\_\_\_ A.P.P.

\_\_\_ Walker, rolling

\_\_\_ Pressure relief mattress

\_\_\_ Platform Attachment, R L

\_\_\_ Gel Overlay

\_\_\_ Bedside Commode

\_\_\_ Low Air Loss

\_\_\_ Wheelchair, standard  
includes tip tubes, heel loops

\_\_\_ Gel Cushion for wheelchair

\_\_\_ Wheelchair, high strength lightweight  
includes tip tubes, heel loops

**PLEASE FORWARD PROGRESS NOTES  
FOR ALL ORDERS**

Other equipment needed not listed:

\_\_\_ Wheelchair, heavy duty, extrawide

\_\_\_\_\_

\_\_\_ Elevated leg rest for wheelchair

\_\_\_\_\_

\_\_\_ Foam Cushion

\_\_\_\_\_

\_\_\_ Hospital Bed

\_\_\_\_\_

\_\_\_ Trapeze Bar

\_\_\_ Patient Lift

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ NPI#: \_\_\_\_\_

**X**

DATE \_\_\_\_\_

Physician Signature