



# Hill's Drug Store, Inc.

705 W. Kirk Pl. San Antonio, Texas 78226

Pharmacy - Ph: (210) 225.7283 Fax: (210) 226.2637

DME - Ph: (210) 226.4300 Fax: (210) 226.4334

## Physician's Order Form

Date: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  Male  Female

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

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Social Security: \_\_\_\_\_

Primary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Secondary Ins: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Length of Need: \_\_\_\_\_ months ( 99 = lifetime) Prognosis:  Poor  Fair  Good

Physician: \_\_\_\_\_ Lic #: \_\_\_\_\_ NPI #: \_\_\_\_\_

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

CITY: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Daily Living Aids

- |  |   |
|--|---|
| <input type="checkbox"/> Offset Cane           | <input type="checkbox"/> Full Arm Blood Pressure Cuff |
| <input type="checkbox"/> Straight Cane         | <input type="checkbox"/> Bed Pans & Urinals           |
| <input type="checkbox"/> Folding Cane          | <input type="checkbox"/> Gait Belts                   |
| <input type="checkbox"/> Quad Cane             | <input type="checkbox"/> Alcohol Swabs                |
| <input type="checkbox"/> Crutches              | <input type="checkbox"/> Bariatric Commodes           |
| <input type="checkbox"/> Forearm Crutch        | <input type="checkbox"/> Bariatric Crutches           |
| <input type="checkbox"/> Bath Chair            | <input type="checkbox"/> Bariatric Transfer Bench     |
| <input type="checkbox"/> Hand Held Shower Unit | <input type="checkbox"/> Bariatric Bath Chair         |
| <input type="checkbox"/> Transfer Bench        | <input type="checkbox"/> Hemi-Walker                  |
| <input type="checkbox"/> 3-1 Commode           | <input type="checkbox"/> Platform Walkers             |
| <input type="checkbox"/> Raised Toilet Seat    | <input type="checkbox"/> Folding Walker w/ Wheels     |
| <input type="checkbox"/> Bed & Leg Wedge       | <input type="checkbox"/> Over Bed Table               |

I herby give my consent to [Hill's Drug Store, Inc.](#) Who shall act as my legal representative/agent in communicating this written prescription, either by fax or personally presented by this patient to the provider of their choice.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date