



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: _____

Orthotics

Custom

- Lumbar Spinal Back Support
- TLSO Spine Brace
- Sacroiliac Spine/Hip Brace
- Quick Wrap Leg/Knee Immobilizer
- Soft Knee Brace (Neoprene)
- Post op Knee Brace
- Patellofemoral Knee Brace
- Soft Ankle Brace
- Walking Boot
- Air Cast Boot
- Plantar Fasciitis Splint

Off the Shelf

- Soft Cervical Collar
- Hard Cervical Collar
- Minor Shoulder Sling
- Universal Abduction Sling
- Wedge Shoulder Brace # 1
- Wedge Shoulder Brace # 2
- Wedge Shoulder Brace # 3
- Soft Elbow Sleeve
- Rigid Elbow Brace w/ Brackets
- Soft Wrist/Hand Sleeve
- Rigid Wrist/Hand Brace

I hereby 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