



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: _____

Power Mobility & Rehab Equipment

- Adult
- Pediatric
- Power Wheelchair
- Custom Power Wheelchair
- Power Sooter
- Bariatric Power Wheelchair
- Bariatric Custom Wheelchair
- Bariatric Scooter
- Vehicle Lift - Quote
- Prefabricated Wheelchair Ramps
- Stair Lift - Quote

Rehab Equipment

- Custom Manuel Wheelchair
- Ultra Lt. Wt. Manuel Wheelchair
- Positioning Wheelchairs
- Rigid Manuel Wheelchairs
- Form Fitting Wheelchairs
- Sports Wheelchairs
- Tilt in Space Wheelchairs
- Toddler Rigid Wheelchair
- Wheelchair Specialty Seating
- Transport Chairs

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