



Kern Medical Supply, Inc.

DME/ Supply Referral Form

Phone: 661 393 4877 Fax: 661 393 7339 Email: intake@kernmedicalsupply.com

Patient Information:

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Insurance Company: _____ Policy #: _____
 Date of Birth: _____ Height _____ Weight _____

Physician Information:

Physician Name: _____
 Phone #: _____
 Fax #: _____
 NPI #: _____

or

Physician Stamp

****DME / Medical Supply Information: LENGTH OF NEED _____ MONTHS / LIFETIME****

Wheelchairs

- Standard Wheelchair
- Lightweight Wheelchair
- Bariatric Wheelchair
- Pediatric Wheelchair
- Reclining Wheelchair
- Elevated Legrests
- Wheelchair Cushion/Gel
- Wheelchair Cushion/Foam
- Wheelchair Cushion/Roho
- Transfer Board

Ambulatory Aids

- Front Wheeled Walker
- Bariatric Walker, Wheels
- Standard Walker
- Walker w/ Seat
- Bariatric Walker w/ Seat
- Knee Scooter
- Cane
- Quad Cane
- Cane / Three Point
- Crutches /Adult
- Crutches / Adult –Tall
- Crutches / Pediatric
- Crutches / Child
- Crutches / Youth
- Forearm Crutches

Bathroom Aids

- 3 n 1 Commode
- Bariatric Commode
- Drop Arm Commode
- Shower Chair
- Transfer Bench
- Raised Toilet Seat
- Transfer Bench w/ Commode
- Transfer Bench, Sliding
- Shower Bars
- Diapers # per day _____
- Underpads # per day _____

Hospital Beds

- Hospital Bed, Semi Electric
- Alternating Pressure Mattress
- Trapeze Bar
- Hoyer Lift, Hydraulic
- Hoyer Lift, Electric
- Gel Overlay
- Low Air Loss Mattress

Pain Management

- Tens Unit
- Ultrasound Unit
- Hot / Cold Pads
- Heating Pad
- Cold Therapy Pump

Orthosis / Braces

- Right Left Bilateral
- Wrist Brace
- Wrist Brace /Pediatric
- Arm Sling
- Arm Sling /Pediatric
- Arm Sling Ultra w/ Pillow
- Counterforce Brace
- Neck Brace
- Cervical Traction /Pneumatic
- Cervical Traction /Over Door
- Shoulder Immobilizer
- Shoulder Immobilizer /Pedi
- Knee Brace
- Knee Brace, Hinged
- Knee Brace, Hinged/Locking
- Knee Brace /Pediatric
- Knee Immobilizer
- Knee Immobilizer /Pediatric
- Ankle Brace
- Ankle Stabilizer
- Ankle Stabilizer /Pediatric
- LSO - Lumbar Brace
- TLSO - Lumbar/ Thoracic
- Abdominal Binder
- CAM Boot
- CAM Boot, Pneumatic
- Compression Stockings

Oxygen/ Respiratory

- Oxygen Concentrator
LPM _____
Frequency _____
Delivery Method _____
- Portable Oxygen
LPM _____
Frequency _____
Delivery Method _____
- Nebulizer
- Pediatric Nebulizer
- Pulse Oximeter w/ Alarms
- CPAP / BiPaP

Other Services

- BiliBlanket / BiliBed
Bilirubin Level _____
- CPM Machine
Hours Per Day _____
Extension _____
Flexion _____
Days _____
- Ostomy Supplies
- Eternal Nutrition
- Breast Pump, Electric
- Lymphadema Pump

Notes / Comments:

Physician Signature: _____ Date: _____