

**PHYSICIANS ORDERS**  
*for*  
**Medical Equipment & Supplies**

4102J Buffalo Gap Rd.  
Abilene TX 79605  
(325) 672-1585  
(325) 793-1603 fax

723B Hill Country Dr  
Kerrville TX 78028  
(830) 896-9191  
(830) 896-9190 Fax

1300 Stan Schlueter Loop #300  
Killeen TX 76549  
(254) 680-4309  
254.680.4932 fax

386A Landa St  
New Braunfels TX 78130  
(830) 608-9577  
(830) 608-9799 fax

737 Knickerbocker Rd  
San Angelo TX 76903  
(325) 653-1077  
(325) 658-7035 fax

120 S. St Hwy 46  
Seguin TX 78155  
(830) 303-8100  
(830) 303-8101 fax

1313 S. First St.  
Temple TX 76504  
(254) 773-4309  
(254) 773-4932 fax

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

HIC# \_\_\_\_\_

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

Date Ordered: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Length Of Need:       6 months or less       12 months       Lifetime

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

Other Supporting  
Documentation: \_\_\_\_\_

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<u>HCPSC Code</u>	<u>Description of Equipment/Supply</u>	<u>Qty</u>
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Physician _____	Physician Fax _____
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Physician NPI# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician signature certifies that the above represents his/her judgment of the patient's need for the equipment/supplies indicated above.