Tanglewood Medical Supplies

Phone: 1-800-460-9996
Fax: 1-888-901-6167
www.TANGLEWOODHEALTH.com

Patient & Referral Info

Facility:_______________ Contact:_______________ Ph#:_______________

Patient:_______________ Ph#:_______________ Email:_______________

Ht:__________ Wt:__________ Alt Contact:_______________ Ph#:_______________

Physician:_______________ Ph#:_______________ Fax:_______________

Physician Signature:_______________ Date:_______________

Wheeled Mobility

Wheelchair: 16” 18” 20” __Elevat Leg Rests __AntiTip __Ht Adj Armrest __Brake Extension

Seat Cushion: __Foam __Gel __Custom **Back Cushion:** __Standard __Contour __Custom

Power Chair: __Standard __Custom Power Chair (Tilt&Recline) __Custom Manual Chair

Respiratory

Oxygen: Concentrator ______LPM ______Sat Level _____Cont _____Nocturnal

Sleep: CPAP/APAP ______Settings BiPAP ______/______Settings Mask_______________

Other: __Nebulizer __Albuterol __Oral Suction__Trach Kits

Testing: __Overnight Pulse Oximetry __Home Sleep Study Diagnosis:_______________

Ambulatory Aids

Walkers: __2 Wheel __4 Wheel/Rollator __Posterior __Gait Trainer

Bedside Commode: __Standard __Rolling __Tilt & Recline(Custom)

Shower Chair: __Standard __Rolling __Tilt & Recline(Custom)

Therapy Beds

Hospital Bed: __Semi-Electric __Enclosed Crib/Cradle __Specialty

Pressure Relief: __Gel Overlay __APM/LAL __Lateral Rotation

Accessories: __Manual Hydra Lift __Electric Hydra Lift __Sit to Stand

Home Modification

Accessibility: __Ramp-Portable __Ramp-Modular/Fixed __Bath Lift __Toilet Lift

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