

Advanced Medical Supply, Inc
CLIENT/PATIENT VISIT REPORT
EQUIPMENT MAINTENANCE
info@advancedmedicalsupply.net
Phone: 773-205-6993 Fax: 773-205-6994

Patient Name: Doody, Sandra

Date: 10-16-24

Address: 8975 W Golf Rd Apt 930 Niles, IL 60714

Phone: 847-470-8210- Michelle Dtr

Note: Call Dtr on your way. 2-5Pm

EQUIPMENT INFORMATION

1. Item: Semi-Electric Hospital bed with rails and mattress.

HME: (Manufacturer): Medline Model: MDR107002E Serial#: SED22124078

Hours: 45MIN Setting(s): N/A

Next PM Due: Date _____ Hours: _____ PM Sticker Present: Yes No

Maintenance Performed: Move Hospital bed to Apt 509

EQUIPMENT EXCHANGE:

New Unit Model: _____ SN: _____ Reason: _____

EQUIPMENT D/C'd:

Reason: _____

PLAN OF SERVICE

Equipment functional? Yes No

(If not, was it Repaired

or Replaced?)

Client reeducated on the following?

Use of Equipment

Doctor's Prescription

Emergency Preparedness

Troubleshooting Equipment

Fire / Electrical / Home Safety

When to call for services

Changes in Doctor's Orders

Use of Back up Equipment

Comments: _____

Falls Assessment completed and reviewed? Yes No

Any falls hazards determined during assessment? Yes No, If Yes, Document concerns and information given the Client: _____

I acknowledge performance of the Client Visit and Plan of Service on the date noted:

Client: _____

Date: _____

Technician: _____

Advanced Medical Supply, Inc
3322 N. Milwaukee Ave.
Chicago, IL 60641
Phone: 773-205-6993
Fax: 773-205-6994

Credit Card Authorization Form

Credit card type: Visa, Master Card, Discover (circle one)

Cardholder Name Doody Michelle Block
Credit Card Number 5254 7500 7667 3021
Expiration Date 06 /27
CVS code 133

Billing Address Street _____
City _____
State _____ Zip. 60053

I authorize Advanced Medical Supply to charge my credit card for the amount
\$ \$ 150.00

Cardholder Signature Phone Order
Date 10-16-24

ADVANCED MEDICAL SUP
3322 N MILWAUKEE AVE
CHICAGO, IL. 60641
773-205-6993

Phone Order

xxxxxxxxxx3021

MASTERCARD

Entry Method: Manual

Total: \$ 150.00

10/16/24

10:53:24

Inv #: 00000001

Appr Code: 737712

Apprvd: Online

AVS Code: ZIP MATCH Z

CVV2 Code: MATCH M

Customer Copy

THANK YOU!