

Advanced Medical Supply, Inc
CLIENT/PATIENT VISIT REPORT
EQUIPMENT MAINTENANCE

Client: Sandra, Doody Date: 1/09/2024
Address: 8975 W. Golf Rd. Apt. 930 Wilmette IL 60075
Phone: 847-942-5944 - Dr. Marshall

EQUIPMENT INFORMATION

1. ITEM: Hospital Bed SFD 22128072
HME: (Manufacturer) Medline Model: _____ Serial #: _____
Hours: _____ Setting(s): _____
Maintenance Performed: Move Hospital Bed From Room 509 - To Room 523
Next PM Due: Date _____ Hours: _____ PM Sticker Present: Yes No

2. ITEM _____
HME: (Manufacturer) _____ Model: _____ Serial #: _____
Hours: _____ Setting(s): _____
Maintenance Performed: _____
Next PM Due: Date _____ Hours: _____ PM Sticker Present: Yes No

EQUIPMENT EXCHANGES AND D/C'S

Old Unit _____ SN _____ New Unit _____ SN _____ Reason _____
Old Unit _____ SN _____ New Unit _____ SN _____ Reason _____
Old Unit _____ SN _____ New Unit _____ SN _____ Reason _____
D/C'd Unit _____ SN _____ Reason _____
D/C'd Unit _____ SN _____ Reason _____

PLAN OF SERVICE

Equipment functional? Yes No (If not, was it Repaired or Replaced?)

Client reeducated on the following?

Emergency Preparedness
When to call for services

Use of Equipment
Troubleshooting Equipment
Changes in Doctor's Orders

Doctor's Prescription
Fire / Electrical / Home Safety
Use of Back up Equipment

Comments:

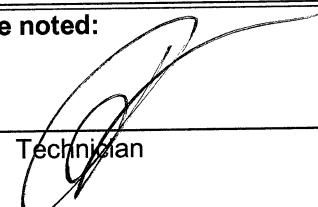
Falls Assessment completed and reviewed? Yes No

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:

Mildred Pol
Client

1/10/25
Date


Technician