

DME

Patient Information

Name: Angel Soto
Address: 514 Fayre Ave Perth Amboy,
NJ 08861
Phone: (848) 459-1589
DOB: 05/01/1985

Ordering Doctor Information

Name: Andrew Willis
Address: 197 Ridgedale Avenue,
Cedar Knolls, NJ 07927
NPI #:
Phone: 973-538-2334

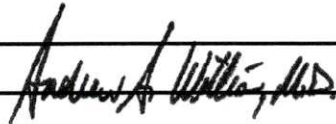
Diagnosis: RIGHT ELBOW DISTAL BICEPS RUPTURE
ICD-10 Code: S46.211A

Surgical Procedure: RIGHT ELBOW DISTAL BICEPS REINSERTION

DOS: 04/26/2024 Left Right X Limb: ELBOW Order date: 04/24/24

Surgery Location: Outpatient ambulatory surgery center of m.m.h.

Dr. Signature:



Sign Date: 04/24/24

DURABLE MEDICAL EQUIPMENT PRESCRIPTION

Post Op Brace

Knee ☐
Elbow ☒

Cold Therapy

Knee ☐
Shoulder ☐
Ankle ☐
Hip ☐

Upper Extremity Bracing

Abduction Pillow Sling ☐
Neutral Wedge (Bankart) ☐

CPM & CPM Pad Kit

Knee ☐
Elbow ☐
Shoulder ☐
Start Date _____

Crutches

Crutches ☐
Patient Height _____

Other

Knee Walker (Roll-A-Bout) ☐
Repapel Under Sleeve ☐
Specify: _____

PLEASE ATTACH PATIENT INFORMATION SHEET & COPY OF INS CARDS TO FORM