



Vital Medical Solutions
3176 Pullman Street, Suite 104
Costa Mesa, CA 92626

Tel: (714) 435-1904 | Fax: (714) 435-1964

PATIENT REFERRAL

PATIENT INFORMATION

Patient Name:

Phone:

Address:

City / State / Zip:

Date of Birth:

Gender / Height / Weight:

MediCare #:

MediCAL:

Secondary Insurance:

PHYSICIAN/PROVIDER INFORMATION

Referring Physician:

Street Address:

City / State / Zip:

Phone:

Fax:

NPI:

Referral Date:

Physician Signature / Date:

/ /



PATIENT REFERRAL

EQUIPMENT OF INTEREST

- | | | |
|---|--|--|
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Hospital Bed | <input type="checkbox"/> Oxygen Concentrator |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Bariatric Bed | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Lightweight | <input type="checkbox"/> Air Mattress | <input type="checkbox"/> Nebulizer |
| <input type="checkbox"/> Bariatric | <input type="checkbox"/> Gel Overlay | <input type="checkbox"/> CPAP |
| <input type="checkbox"/> Custom Manual | <input type="checkbox"/> Trapeze | <input type="checkbox"/> Catheters |
| <input type="checkbox"/> Wheelchair Cushion | <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Diabetic Supplies |
| <input type="checkbox"/> Front Wheel Walker | <input type="checkbox"/> Quad Cane | <input type="checkbox"/> Diabetic Shoes |
| <input type="checkbox"/> Rollator | <input type="checkbox"/> Cane | <input type="checkbox"/> Hip Replacement |
| <input type="checkbox"/> Lumbar Brace | | |

☐ Other:

DIAGNOSIS (ICD-10 / CONDITION)

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> ALS | <input type="checkbox"/> CP | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Decubitus Ulcer | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> DJD | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Hip Replacement | <input type="checkbox"/> Quadriplegia |
| <input type="checkbox"/> COPD | <input type="checkbox"/> HTN | |

☐ Other:

*Thank you for partnering with Vital Medical Solutions
– Your Trusted Local DME Partner.*