

STL Medical Supply, Inc.

Please sign and return only this page using one of the following methods:

- Use the Business Reply envelop enclosed to mail this page to, 1664 Larkin Williams Rd., Fenton, MO 63026
- Fax this page to us at **866-852-7661**, ATTN: Patient Package

If you have any questions regarding any of the information contained please call us at **800-950-6020** or email us at customercare@stlmedical.com.

Name:	Date of Visit:	
Address:	<input type="checkbox"/> Initial Delivery	
Phone:	<input type="checkbox"/> Follow-up	
Alternate Contact:	Phone:	
HOME ENVIRONMENT/SAFETY ASSESSMENT <input type="checkbox"/> NA – NOT DELIVERED TO HOME		
Discuss all appropriate factors and √ if in order <input type="checkbox"/> SAFETY Uncluttered pathways Fire safety assessed Safe operating equip Cords & Adapters Safe environment Pt/CG understands safety issues Bathroom assessed Safe electrical outlet Area Rugs Getting in & out of device Other: _____	APPROPRIATE FOR HOME <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Alert & Understands Instructions <input type="checkbox"/> Return Demonstration by Patient <input type="checkbox"/> Confused / caregiver instructed Personal / Physical limit _____ _____	
OTHER HOME CARE SERVICES:	Phone:	
EQUIPMENT		
Device/s:	Serial #	
√ TYPE OF PRODUCT		
<input type="checkbox"/> Ambulatory products	<input type="checkbox"/> Patient Handling Products	
<input type="checkbox"/> Bath & Safety Products	<input type="checkbox"/> Transfer Aids	
<input type="checkbox"/> Seating Products	<input type="checkbox"/> Manual Wheelchair	
<input type="checkbox"/> Other:		
ADDITIONAL INSTRUCTIONS		
The following has been given and discussed to the patient/caregiver:		
<input checked="" type="checkbox"/> Rights & Responsibilities	<input checked="" type="checkbox"/> Cleaning & Maintenance of equipment	<input checked="" type="checkbox"/> AOB signature
<input checked="" type="checkbox"/> Service availability of company	<input checked="" type="checkbox"/> Capped Rental/Purchase Letter	<input checked="" type="checkbox"/> Equipment Instructions
<input checked="" type="checkbox"/> Privacy Notice	<input checked="" type="checkbox"/> Warranty Information	<input checked="" type="checkbox"/> Return Demonstration
<input checked="" type="checkbox"/> 30 Medicare Supplier Standards	<input checked="" type="checkbox"/> Complaint process (how it is reviewed /resolved)	
FOLLOW UP/DISCHARGE		
FOLLOW-UP VISIT RECOMMENDED <input type="checkbox"/> FOLLOW-UP BY PHONE & AS NEEDED <input type="checkbox"/>		
<p>You have been provided with a copy of STL Medical Supply, Inc. "Notice of Privacy Practices" that describes how we will use health information concerning our service to you. The notice details how we will use this information to provided treatment car for you, to gain reimbursement for our services and to improve our operations to better serve you and other patients. I have read, received and/or been instructed in detail on the items checked above.</p> <p style="text-align: right;"><i>(If Patient unable to sign; authorized person complete)</i></p>		
PATIENT SIGNATURE:	Print name/Relationship/WHY the patient can't sign:	
EMPLOYEE'S SIGNATURE:	Signature:	
<i>IF THE AUTHORIZED REP DOES NOT LIVE WITH THE PATIENT, LIST THEIR ADDRESS/PHONE NUMBER</i>		