

MALDONADO MEDICAL LLC



"Building the Bridge Between Patients and Rehabilitation"
Serving Arizona and California

Arizona Office (602) 265-0077 (602) 265-1551 Fax
Los Angeles Office (310) 622-4838 (310) 622-4553 Fax
www.Maldonado-Medical.com

PATIENT NAME (Print): _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

HOSPITAL/SX DATE: _____

PROCEDURE/ICD-9 CODE(S): _____

SPECIAL INSTRUCTIONS/NOTES: _____

Equipment (Check):

____ VascuTherm (Iceless Cold/Compression Device)

____ VascuTherm (Contrast Therapy) ____ VascuTherm (Heat Therapy)

____ DVT Calf (VascuTherm) ____ DVT Foot (VascuTherm)

____ CPM (Check): ____ Left Knee ____ Right Knee

____ Muscle Stim Unit ____ TENS Unit

Physician

Signature: _____ Date: _____

Physician Name

NPI #

Office Address

City

State

Zip Code

Telephone #

Fax #

PLEASE ATTACH PATIENT INFORMATION AND COPY OF INSURANCE CARDS