Durable medical equipment

Endocrine/Hearing/Vision

Endocrine

☐ Insulin pump
Date issued:_____ Type:_____
Settings:_____

☐ Glucose meter
Type:_____ Date issued:_____

☐ Continuous glucose meter
Type:_____ Date issued:_____

☐ Testing strips:_____

☐ Syringes/needles:_____

☐ Other supplies:_____

Prescribing physician:_____

Hearing

☐ Hearing aids
☐ Bilateral ☐ Right only ☐ Left only
Type:_____ Date issued:_____
Settings:_____
Vendor:_____
Prescribing physician:_____
Audiologist:_____
Date of last hearing exam:_____

☐ Cochlear implants
Date placed:_____
Settings:_____

Vision

☐ Eye glasses
Date of purchase:_____
Prescription:_____

☐ Contact lenses
Date of purchase:_____
Prescription:_____

Prescribing physician:_____
Date of last eye exam:_____
Supply company:_____

Notes: