Durable medical equipment
Communication/Orthotics

Communication

☐ Communication device
Type:_____ Date issued:_____

☐ iPad
Communication program used:_____
_____

☐ Switches
_____
_____

☐ PECS
_____
_____

☐ Other:_____
Speech Therapist:_____

Orthotics

☐ AFO:_____

☐ TLSO:_____

☐ SMO:_____

☐ Other:_____
Date of last evaluation:_____
Physical Therapist:_____
Prescribing Physician:_____

☐ Splints
☐ Hand/wrist splints
Date of last evaluation:_____
Physical Therapist:_____
Prescribing Physician:_____
☐ Other:_____
Date of last evaluation:_____
Physical Therapist:_____
Prescribing Physician:_____

☐ Shoes
Date of last evaluation:_____
Physical Therapist:_____
Prescribing Physician:_____

☐ Prosthetics
Date of last evaluation:_____
Physical Therapist:_____
Prescribing Physician:_____

☐ Occupational therapist:_____

Notes: