

Borbas Pharmacy

Qualified Medical & Surgical Supply

We Care About Our Clients • Daily Pick Up & Delivery

PATIENT INFORMATION

PRESCRIBER INFORMATION

last name _____ first name _____ [M] [F] _____
 address _____ sex _____
 city _____ zip _____ / ____ / ____ / ____
 tel# _____ emergency tel # _____
 primary insurance _____
 secondary insurance _____
 diagnosis _____

doctor's name _____
 facility name _____
 Dr license# _____ Dr NPI# _____
 tel# _____ tel# _____
 fax# _____
 address _____
 city _____ zip _____



Standard Wheelchair
 Light-weight Wheelchair For Patients Who Self Propel



Motorized Wheelchair
 Motorized Scooter



Rollator
 Walker With Wheels
 Walker Without Wheels



Semi-electric Hospital Bed
 Gel Mattress
 Air Mattress



Over-Bed Table
 Standard Cane
 Quad Cane



Commode
 Wall Grab Bar
 Bath Tub Bar



Nebulizer
 CPAP
 BIPAP



Oxygen Concentrator
 Oxygen Portable System
 Pulse Oximeter

INCONTINENCE SUPPLIES

Pants _____ Diapers _____
 Liners _____ Chux _____
 Gloves _____ Refills _____

NUTRITIONALS

Ensure Jevity
 Ensure Plus Boost
 Pediasure Glucerna
 Other _____ Refills _____

DIABETIC SUPPLIES

Monitors _____ Refills _____
 Test Strips _____
 Lancets _____
 Alcohol Wipes _____

Shoes _____ Knee Support [L] [R] Blood Pressure Monitor Bra
 Inserts _____ Ankle Support [L] [R] Shower Chair Bra Prosthesis
 Custom Shoes _____ Wrist Support [L] [R] Transfer Bench Lymphedema pump
 Custom Inserts _____ Back Support Cushion

PLEASE MAIL ORIGINAL Rx TO OUR ADDRESS : 2046 BATH AVE, BROOKLYN, NY 11214
PLEASE FAX BACK THIS FORM TO : 718.677.9065 TEL: 800.805.6587; 718.677.9066
IF YOU DON'T WANT TO GET OUR FAXES ANYMORE - PLEASE CALL 718.677.9066