

Durable medical equipment Intravenous/Cardiac/Neurological

Equipment/supply company: _____

Intravenous

- Type of line: _____
Date placed: _____
 Port Date placed: _____
- Infusion pump
Rate: _____ Volume: _____
 TPN

Prescribing physician: _____

Infusion equipment and supply company: _____

Subq supplies: _____

Cardiac

- Pacemaker
Settings: _____ Type: _____
Date placed: _____
- Defibrillator
Settings: _____ Type: _____
- Holter monitor
Settings: _____ Type: _____
Date placed: _____

Prescribing physician: _____
Equipment/supply company: _____

Neurological

- Baclofen pump
Date placed: _____ Settings: _____
- VP Shunt
Date placed: _____ Settings: _____
 Programmable Nonprogrammable
- Vegus nerve stimulator
Settings: _____
- Continuous positive motion (CPM)
Settings: _____

Prescribing physician: _____

Notes: