

**MEDICAL EQUIPMENT.
INSTRUCTION CHECK LIST**

TYPES OF EQUIPMENT

HOSPITAL BED-FULLY ELECTRIC, REGULAR MATTRESS, APP, WHEELCHAIR-STANDARD ,
OXYGEN CONCENTRATOR 5LPM, - 2-5 LPM PRN, - HUMIDIFIER, OVER THE BED TABLE,
~~NEBULIZER WITH MOUTH PIECE AND MASK, ORAL SUCTIONING-WITH YANKAUER, SHOWER~~
~~SUPPLIES PROVIDED~~
CHAIR-WITH BACK, HOYER LIFT
MATTRESS COVER, 25 FEET OXYGEN TUBING, OXYGEN HUMIDIFIER, NASAL CANNULAS

- ☒ Home Evaluation before equipment set up?
- ☒ Will it fit in the area suggested?
- ☒ Three prong adapter provided?
- ☒ Special home modifications required?

Please describe any modifications:

- ☒ Equipment properly set up for patient use
- ☒ Demonstrate use of equipment
- ☒ Patient/Caregiver return demonstration
- ☒ Equipment maintenance requirements

- ☒ Copy of written instruction provided
- ☒ History of Electrical problems at patients home?
- ☒ Advised to formulate a fire evacuation plan.
- ☒ Patient rights and responsibilities discussed for emergency troubleshooting

Our normal business hours are: 8:00AM to 7:00PM Monday - Friday. PALMEDEQ CORP. 24 hour availability for emergency troubleshooting (805) 376-1900 or TOLL FREE (877) 654-0046

NOTE TO THE PATIENT/CAREGIVER: You have been instructed in the proper use of this medical equipment. Your Hospice Care Agency has ordered this equipment and the specific parameters for its use. PALMEDEQ CORP. makes no warranty or guarantee of the effectiveness of its use or any therapeutic results.

COMMENTS:

PATIENT NAME:
SWANN, RONALD

INDIVIDUALS INSTRUCTED:



Patient Caregiver Signature

Received By: 123

2024-09-05

Date

TORRES, ABRAHAM

Driver Name