

**MEDICAL EQUIPMENT.
INSTRUCTION CHECK LIST**

TYPES OF EQUIPMENT

HOSPITAL BED-FULLY ELECTRIC, REGULAR MATTRESS, APP, COMMODE SLING ONLY, FREE
STANDING TRAPEZE BAR, WALKER-FRONT WHEEL, STANDARD BARIATRIC WHEELCHAIR, ORAL

SUCTIONING-WITH YANKAUER
SUPPLIES PROVIDED

MATTRESS COVER

- ☒ 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:

RUIZ CORONA, JAIME

INDIVIDUALS INSTRUCTED:



Patient Caregiver Signature

Received By: 2333

09/15/2024

Date

AGUAYO, ADRIAN

Driver Name