

Sales Rep Name: _____
 Phone #: _____
 Fax #: _____

PATIENT INFORMATION

Patient Name: _____ **Date Prescribed:** _____ / _____ / _____
Date of Birth: _____ / _____ / _____ **Length of Need: 99 months (lifetime) OR** _____ **# of months)**
Home Phone/Cell #: _____ **Diagnosis:**
Address: _____ ☐ Abnormality of gait (R26.9) ☐ Multiple Sclerosis (G35)
City: _____ **State:** _____ **Zip:** _____ ☐ Difficulty Walking (R26.2) ☐ Muscle Weakness (M62.81)
Email: _____ ☐ History of Fall (Z91.81) ☐ General Osteoarthritis (M15.0)
☐ Heart Failure (I50.9) ☐ COPD (J44.9)
☐ Other _____

DURABLE MEDICAL EQUIPMENT (Height & weight required for ALL items on this form)
Ambulatory Devices

☐ Wheeled Folding Walker (E0143) ☐ Heavy Duty Folding Wheeled Walker (>300 lbs.) (E0149) ☐ Crutches (E0114)
☐ Walker w/o Wheels (up to 300 lbs.) (E0135) ☐ Heavy Duty Walker (>300 lbs.) (E0148) ☐ Quad Cane (E0105)
☐ Rollator w/ Seat w/ Wheels (E0143/E0156) ☐ Cane (E0100)

Wheelchairs

☐ Standard (<250 lbs) (K0001) ☐ Transport (<300 lbs) (E1038) ☐ Rollabout Chair (E1031) ☐ Standard Back Cushion (E2611/E2612)
☐ Light Weight (K0003) ☐ Heavy Duty Transport Chair (>300 lbs) (E1039) ☐ Seat Belts (E0978)
☐ Heavy Duty (>250-300 lbs) (K0006) ☐ Seat Width (>20") (E2201) ☐ Brake Extensions (E0961) ☐ General Wheelchair Cushion (E2601/E2602)
☐ Extra Heavy Duty (> 300 lbs) (K0007) ☐ Elevating Leg Rests (K1095) ☐ Anti-tippers (E0971) ☐ Oxygen Tank Holder (E2208)
☐ Hemi Height (low seat) (K0002)

Hospital Beds

☐ Semi-Electric Bed (E0260) ☐ Patient Lift (E0630) ☐ Free Standing Trapeze (E0940) ☐ Attached Heavy Duty Trapeze (> 250 lbs) (E0911)
☐ Heavy Duty Bed (>350-600 lbs) (E0303) ☐ Full Body Sling (E0621) ☐ Attached Trapeze (E0910)
☐ Extra Heavy Duty Bed (>600 lbs) (E0304) ☐ Standard Sling (E0621) ☐ Free Standing Heavy Duty Trapeze (>250 lbs) (E0912) ☐ Gel Foam Overlay (E0185)
☐ Alternating Pressure Pad/Pump (E0181) ☐ Commode Opening Sling (E0621) ☐ Low Air Loss Mattress (E0277)

Aids to Daily Living

☐ Bedside Commode (E0163) ☐ Raised Toilet Seat w/ Arms (up to 250 lbs) (E0244) ☐ Toilet Safety Frame (E0243)
☐ Drop Arm Commode (E0165) ☐ Raised Toilet Seat w/o Arms (up to 250 lbs) (E0244) ☐ Shower Chair w/ Back (E0240)
☐ Heavy Duty Commode (>300 lbs) (E0168) ☐ Heavy Duty Raised Toilet Seat w/ Arms (up to 300lbs) ☐ Shower Chair w/o Back (E0240)
☐ Grab Bar (E0241) ☐ Heavy Duty Raised Toilet Seat w/o Arms (up to 300lbs) ☐ Tub Transfer Bench (E0245)
☐ Transfer Tub Rail (E0246) ☐ Heavy Duty Tub Transfer Bench (E0248)

INCLUDE THIS DOCUMENTATION TO DISPENSE AND BILL

☐ Clinical records justifying the equipment request

Additional Items Ordered: _____
Additional Notes: _____

Physician's Signature: _____ **Date:** _____ / _____ / _____
Physician's Printed Name: _____ **NPI:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____

