

Please provide **DEMOGRAPHIC and INSURANCE** information.

**Patient Name:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Insurance: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Length of need: 99

Home Phone/Cell #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ D.O.B: \_\_\_\_\_

- ☐ Abnormality of gait (R26.9) ☐ Multiple Sclerosis (G35)  
☐ Difficulty Walking (R26.2) ☐ Muscle Weakness (M62.81)  
☐ History of Fall (Z91.81) ☐ General Osteoarthritis (M15.0)  
☐ Heart Failure (I50.9) ☐ COPD (J44.9)  
☐ Fracture of \_\_\_\_\_ ☐ Other \_\_\_\_\_

All services require a method of payment (credit card, bank information) in addition to insurance information prior to delivery.

**DURABLE MEDICAL EQUIPMENT (Height & weight required for ALL items on this form.)**

**Ambulatory Devices** ☐ Cane ☐ Crutches ☐ Quad Cane

☐ Walker (up to 300 lbs) ☐ Wheels ☐ 3 inches ☐ 5 inches ☐ Fixed ☐ Swivel ☐ Leg Extensions

☐ Extra Wide Walker (300-450 lbs) ☐ Heavy Duty Walker (> 350 lbs) ☐ With Wheels ☐ Without Wheels

☐ Rollator with Seat and Wheels ☐ Junior Walker ☐ With Wheels

**Wheelchairs\*** ☐ Standard (< 250 lbs) ☐ Light Weight (< 250 lbs) ☐ Hvy Duty (250-300 lbs; 20"-24" width) ☐ Xtra Hvy Duty (> 300 lbs; 20"-27" width)  
☐ Hemi Height ☐ Transport (< 250 lbs) ☐ Hvy Duty Transport Chair (> 250 lbs) ☐ Geri Chair

\*Wheelchairs include accessories \*d below unless otherwise indicated by strike through

**Wheelchair Accessories** \*Brake Extensions \*Standard Seat Cushion \*Standard Back Cushion \* Anti-tippers ☐ Skin Protection/Gel Cushion  
☐ Elevating Leg Rests ☐ Seat Belts ☐ Oxygen Tank Holder ☐ Extra Wide Seat (22" or more) ☐ Transfer Board

**Beds** ☐ Semi-Electric Hospital Bed (< 450 lbs) ☐ Hvy Duty Hospital Bed (350 - 600 lbs) ☐ Xtra Hvy Duty Hospital Bed (> 600 lbs)

**Bed Accessories** ☐ Rails Half ☐ Rails Full ☐ Trapeze ☐ Free Standing Trapeze ☐ Heavy Duty Trapeze (> 250 lbs)

☐ Replacement Mattress ☐ Perimeter Mattress

☐ Patient/Hoyer Lift (maximum capacity 450 lbs) ☐ Sling ☐ Full Body ☐ Standard ☐ Commode Opening

**Support Surfaces** ☐ Gel Foam Overlay ☐ High Density Foam Mattress ☐ Alternating Pressure Pad ☐ Low Air Loss System

**Aids to Daily Living** ☐ Bedside Commode ☐ Drop Arm Commode ☐ Heavy Duty Commode (> 300 lbs)

☐ Raised Toilet Seat (up to 250 lbs) ☐ With Arms ☐ W/o Arms ☐ Heavy Duty Raised Toilet Seat (up to 300 lbs) ☐ With Arms ☐ W/o Arms

☐ Shower Chair ☐ Back ☐ No Back ☐ Tub Transfer Bench ☐ Other

**ADDITIONAL ITEMS ORDERED:** \_\_\_\_\_

**ADDITIONAL NOTES:** \_\_\_\_\_

Medicare has implemented the requirement for patient **Face to Face (F2F)** visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item AND

- 1) Patient Name 3) Physician Signature & Signature Date  
 2) Date Prescribed 4) NPI 5) Physician Name

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Physician's Printed Name:** \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

Name of Agent Completing Form: \_\_\_\_\_

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