

DME Written Order Form

Date: _____ Requested Delivery Date: _____ Length of Need: _____

Client's Name: _____ Insurance ID Number: _____

Diagnosis Codes for Equipment: _____ Height: _____ D.O.B. _____

Facility Name and Contact: _____ Weight: _____

Manual Wheelchairs- H&P or Face to Face Required

- K0001 Standard Wheelchair
- K0002 Standard Hemi Wheelchair
- K0003 Lightweight Wheelchair
- K0004 High Strength Lightweight Wheelchair
- K0006 Heavy Duty Wheelchair (250-300lbs)
- K0007 Extra Heavy Duty Wheelchair (over 300lbs)

Wheelchair and Seating Dimensions

_____ " W x _____ " D (Wheelchair)

_____ " W x _____ " D (Cushion if not same as chair)

_____ " Desired Seat to Floor Height _____ " Back Height

Wheelchair Accessories and Seating Options

- Swing-Away Footrests K0052
- Elevating Leg rests K0195,E0990
- 6" Brake Extensions E0961
- Armrests: _____ Adjustable _____ Fixed E0973,K0020
- Seatbelt E0978
- Anti-Tippers E0971
- Residual Limb Support: L / R / Both E1020
- E2601/2 General Use Cushion (Please circle one)
2 1/2" foam 1 1/2" foam
- E2611/2 General Use Back (Please circle one)
Tension-Adjustable Solid Back
- Other: _____

Hospital Beds- H&P or Face to Face Required

- Full Electric (not covered by Medicare: Requires ABN for upgrade) E0265/E0266
- Semi-Electric Bed E0260 / E0261
- Rail Type:** Full / Half / Halo (Please circle one) E0310 / E0305
- Mattress type:**
- Spring E0271
- Foam E0272
- Low Air-Loss or Alternating Pressure Pad (must meet wound qualifications) E0181
- Gel Overlay E0185

Patient Lifts- H&P or Face to Face Required

- Hoyer E0630
- Sit to Stand *upgrade charge* _____
- Sling size _____ E0621

Ambulatory Items

- Standard Folding Walker with Wheels (E0143) (weight capacity 350lbs.)
- Heavy Duty Walker (E0149) (weight capacity 500lbs.)
- Rollator/Bariatric Rollator (circle one) Red/Black/Blue (circle one)
**Rollator Upgrade Charge ** E0143 / E0156

Walker Accessories

- 5" Fixed Wheels E0155 Platform - Left / Right/Both (circle one) E0154
- 3" Fixed

Miscellaneous Items

- Tub Transfer Bench/Shower chair (circle one)*not covered by Medicare E0240
- Bedside Commode 3in1- (300lbs)-**H&P or Face to Face Required** E0163
- HD Bedside Commode 3in1 (500lbs) **H&P or Face to Face Required** E0168
- Drop Arm Commode (300 lbs.)- **H&P or Face to Face Required** E0165
- HD Drop Arm Commode (500lbs) - **H&P or Face to Face Required**
- Other: _____

Physician Signature: _____ Date: _____

Physician name (printed): _____ Credentials: _____ NPI Number _____