**Tri-State Medical Supply LLC**
**6392 Highway 51 N. Pope, MS 38658 Ph: (662)267-3112 Fax: (662)267-3289**

# DME Order Form

**Order Date:** _____ **Acct:** _____

***Please Fax Demographics, Order Form & Supporting Documentation to (662)267-3289***
**To ensure accuracy, please fax a copy of the demographics, H & P and insurance information with the signed order.**

**Patient Name** _____ **Phone No.** _____

**Address** _____

**SSN** _____ - _____ - _____ **DOB** _____/_____/_____ **Sex** _____ **HT** _____ **WT** _____

**Primary Insurance Name**_____ **Policy #:** _____

**Wheelchair and Accessories (Check the appropriate box)**

- ☐ Standard Wheelchair (K0001) and General Use Cushion (for patients 250 lbs. or less)
- ☐ Standard Hemi-Wheelchair (K0002) and General Use Cushion (for shorter patients who propel with their feet)
- ☐ Lightweight Wheelchair (K0003) and General Use Cushion (for those who cannot propel a K1 but can propel a K3)
- ☐ Heavy Duty Wheelchair (K0006) and General Use Cushion (for patients 251 lbs. to 300 lbs.)
- ☐ Extra Heavy-Duty Wheelchair (K0007) and General Use Cushion (for patients over 300 lbs.)
- ☐ Power Wheelchair (K0823) ☐ Power Operated Vehicle (Scooter)
- ☐ Elevating Leg Rest ☐ Reclining Back ☐ Amputee Pad ☐ Transport Wheelchair (E1038)
- ☐ Anti-Tippers ☐ Seat Belt ☐ Adjustable Height Arms ☐ Head Rest Extension

**Hospital Beds and Related Items (Check the appropriate box)**

- ☐ Semi-Electric Hospital Bed (E0260) ☐ HD Hospital Bed (WT >350) ☐ Extra HD Hospital Bed (WT >600)
- ☐ Dry Pressure Mattress (E0184) ☐ Alternating Pressure Pad with Pump ☐ Roho Cushion (E2622)
- ☐ Trapeze Bar ☐ Traction Attachment ☐ General Use Cushion (E2601)
- ☐ Low Air Loss Mattress (E0277) ☐ Patient Lift ☐ Gel Overlay (E0185)

**Walkers, Commodes and Accessories (Check the appropriate box)**

- ☐ Folding Walker
- ☐ Heavy Duty Bedside Commode (300 lbs. +)
- ☐ Drop Arm Commode Chair (Used to facilitate transfers)
- ☐ Heavy Duty Drop Arm Commode Chair (300 lbs. +)
- ☐ Shower Chair
- ☐ Transfer Bench
- ☐ Heavy Duty Walker (>300 lbs.)
- ☐ Walker with Wheels
- ☐ Heavy Duty Walker with Wheels (>300 lbs.)
- ☐ Youth Walker
- ☐ Youth Walker with Wheels
- ☐ Rollator (Walker with Wheels and Seat)
- ☐ Bariatric Rollator (>300 lbs.)
- ☐ Walker Platform Attachment
- ☐ Small Base Quad Cane
- ☐ Large Base Quad Cane Length of Need: _____

**Respiratory Equipment (Check the appropriate box)**

- ☐ Oxygen Concentrator
- ☐ Nebulizer
- ☐ Suction Machine

- ☐ Ostomy Supplies (additional form to be filled out by ordering practitioner).

**Specialty Notes:** _____

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_____

_____

**Physician Name:** _____ **NPI:** _____

**Physician Address:** _____

**Phone:** _____ **Fax:** _____

**Physician Signature:** _____ **Date:** _____