DETAILED WRITTEN ORDER – DURABLE MEDICAL EQUIPMENT

Patient: _____ Date of Order: _____ HT: _____ WT: _____

Address: _____ DOB: _____ Length of Need: 99

_____ Diagnosis Codes: _____

Manual Wheelchairs

____ E1038 Transport 19" (max. 300#)
____ E1236 Pediatric 14" (max. 250#)
____ K0001 Standard 16"/18"/20" (max. 300#)
____ K0003 Lightweight 16"/18"/20" (max. 300#)
____ K0006 Heavy duty 22" (max. 500#)
____ K0007 Extra heavy duty 24" (max. 500#)

Wheelchair Leg Rests

____ E0951 Standard w/ heel loops ___ RT ___ LT
____ K0195 Elevating (pair)

Wheelchair Cushions

____ E2601 Seat cushion for 16"/18"/20"
____ E2602 Seat cushion for 22"/24"
____ E2611 Back cushion for 16"/18"/20"
____ E2612 Back cushion for 22"/24"
____ E2622 ROHO cushion for 16"/18"/20" *
____ E2623 ROHO cushion for 22"/24" *

**Requires Group II Support Form with qualifying dx*

Additional Accessories

____ E0971 Anti-tippers ___ RT ___ LT
____ E2208 Oxygen tank holder
____ E2209 Arm trough ___ RT ___ LT
____ Other (Please specify):

_____

Provider: _____

Address: _____

_____

Phone: _____ Fax: _____

Beds, Mattresses & Lifts

____ E0260 Semi-electric w/ innerspring mattress
____ E0261 Semi-electric w/o mattress
____ Upgrade to full-electric (Pt pays $25/month)
____ E0303 Bariatric full-electric w/ innerspring mattress (350-600#)

Group I Support Mattress (requires form)

____ E0181 Alternating pressure pad
____ E0185 Gel overlay

Group II Support Mattress (requires form)

____ E0277 Low air loss mattress
____ E0630 Hydraulic patient lift (max. 400#)
____ Full body mesh sling
____ Full body sling w/ commode opening

Walk Aids

____ E0100 Aluminum cane
____ E0105 Quad cane
____ E0135 Standard walker
____ E0143 Wheeled walker
____ E0149 Bariatric wheeled walker
____ E0156 Walker seat for rollator/bari rollator

Orthotics

____ L4387 Walking boot
____ L1902 Ankle brace
____ L1820 Knee brace
____ L3908 Wrist brace
____ L3909 Wrist brace with thumb spica **

***Not a covered item by Medicaid & replacement plans*

Signature: _____

Date: _____

NPI: _____

Showroom location: 1005 N. Kingshighway, Cape Girardeau, MO 63701 Phone: 573-803-2390 Fax: 573-803-1247