

* Patient Name:		DOB:	Ht:	* Order Date:
* Diagnoses:			Wt:	Discharge Date:
Manual Wheelchairs			Hospital Beds and Support Surfaces	
<input type="checkbox"/> 1 Lightweight Wheelchair (K0003) (<=250 lbs) <i>Seat Width:</i> <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 2 Adj Height/Det Armrests (E0973) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)			Hemi Wheelchair - Seat to Floor Height (<19") <input type="checkbox"/> 1 Hemi Wheelchair (K0002) (<=250 lbs) <i>Seat Width:</i> <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 2 Adj Height/Det Armrests (E0973) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)	
<input type="checkbox"/> 1 Standard Wheelchair (K0001) (<=250 lbs) <i>Seat Width:</i> <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 2 Adj Height/Det Armrests (E0973) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)			Reclining Wheelchair	
<input type="checkbox"/> Heavy Duty Wheelchair (>250 lbs & <=300 lbs) <input type="checkbox"/> 1 Heavy Duty Wheelchair (K0006) (20") <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 2 Adj Height/Det Armrests (E0973) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)			<input type="checkbox"/> 1 Std Reclining Wheelchair (K0001) (<=250 lbs) <i>Seat Width:</i> <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20" <input type="checkbox"/> 1 Reclining Back Option (E1226) <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Elevating Leg Rest Pair (K0195) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)	
<input type="checkbox"/> 1 Heavy Duty Wheelchair (K0006) (22") <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Gen Seat Cushion (E2602) <input type="checkbox"/> 1 Gen Back Cushion (E2612) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)			Heavy Duty Reclining Wheelchair (>250 lbs & <=300 lbs)	
<input type="checkbox"/> Extra Heavy Duty Wheelchair (>300 lbs) <input type="checkbox"/> 1 Extra Heavy Duty Wheelchair (K0007) (22") <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Gen Seat Cushion (E2602) <input type="checkbox"/> 1 Gen Back Cushion (E2612) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)			<input type="checkbox"/> 1 HD Reclining Wheelchair (K0006) (22") <input type="checkbox"/> 1 Reclining Back Option (E1226) <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Elevating Leg Rest Pair (K0195) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)	
<input type="checkbox"/> 1 Extra Heavy Duty Wheelchair (K0007) (22") <i>Seat Width:</i> <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Gen Seat Cushion (E2602) <input type="checkbox"/> 1 Gen Back Cushion (E2612) <input type="checkbox"/> 1 Seat Frame Width 24"-27" (E2202)			<input type="checkbox"/> Extra Heavy Duty Reclining Wheelchair (>300 lbs) <input type="checkbox"/> 1 Extra HD Reclining Wheelchair (K0007) (22") <input type="checkbox"/> 1 Reclining Back Option (E1226) <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Elevating Leg Rest Pair (K0195) <input type="checkbox"/> 1 Gen Seat Cushion (E2602) <input type="checkbox"/> 1 Gen Back Cushion (E2612) <input type="checkbox"/> 1 Seat Frame Width 20" to <24" (E2201)	
Manual Wheelchair Accessories			Hospital Beds w/ Inner Spring Mattress	
<input type="checkbox"/> 1 or <input type="checkbox"/> 2 Arm Troughs (E2209) <input type="checkbox"/> 1 Wheelchair Seat Belt (E0978) <input type="checkbox"/> 1 or <input type="checkbox"/> 2 Articulating Leg Rests (K0053) <input type="checkbox"/> 1 O2 Cylinder Tank Carrier (E2208) <input type="checkbox"/> 1 Elevating Leg Rest Pair (K0195)			<input type="checkbox"/> 1 Semi-Electric Bed (E0260) (<=350 lbs) <input type="checkbox"/> 1 Gel Overlay (Mattress Topper) (E0185) <input type="checkbox"/> 1 Full-Electric Bed (E0265) (<=350 lbs) <input type="checkbox"/> 1 Gel Overlay (Mattress Topper) (E0185) <input type="checkbox"/> 1 Heavy Duty Bed (E0303) (>350 lbs) <input type="checkbox"/> 1 HD Gel Overlay (Mattress Topper) (E0185)	
<input type="checkbox"/> 1 Wheelchair Transfer Device (E0705) <input type="checkbox"/> 1 Skin Protection Cushion (E2622)			Hospital Beds w/ Low Air Loss Mattress	
<input type="checkbox"/> 1 or <input type="checkbox"/> 2 Wheelchair Brake Extension (E0961) <input type="checkbox"/> 1 or <input type="checkbox"/> 2 Residual Limb Support (E1020)			<input type="checkbox"/> 1 Semi-Electric Bed w/ LALM (E0261) (<=350 lbs) <input type="checkbox"/> 1 Low Air Loss Matt (E0277) <input type="checkbox"/> 1 Full-Electric Bed w/ LALM (E0266) (<=350 lbs) <input type="checkbox"/> 1 Low Air Loss Matt (E0277) <input type="checkbox"/> 1 Heavy Duty Bed w/ LALM (E0301) (>350 lbs) <input type="checkbox"/> 1 HD Low Air Loss Matt (E0277)	
* NPI:			Trapeze Bars	
* Ordering Practitioner Name:			<input type="checkbox"/> 1 Att Trapeze Bar (E0910) (<=250 lbs) <input type="checkbox"/> 1 Heavy Duty Free Trapeze (E0912) (>250 lbs)	
* Ordering Practitioner Signature:			Patient Lift	
* Signature Date:			<input type="checkbox"/> 1 Patient Lift (E0630) (<450 lbs) <input type="checkbox"/> 1 Sling (E0621) <i>Sling Size:</i> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <i>Sling Type:</i> <input type="checkbox"/> Solid <input type="checkbox"/> Mesh <input type="checkbox"/> Commode	
			Walkers/Rollator	
			<input type="checkbox"/> 1 Hemi Walker (E0135) (<=300 lbs) <input type="checkbox"/> 1 Walker (E0143) (<=300 lbs) <input type="checkbox"/> 1 Junior Walker (E0143) (<4'10") (<=300 lbs) <input type="checkbox"/> 1 Heavy Duty Walker (E0149) (>300 lbs)	
			Walker Accessories	
			<input type="checkbox"/> Rollator Walker (Must Check All) <input type="checkbox"/> 1 Walker (E0143) (<=300 lbs) <input type="checkbox"/> 1 Seat Attachment (E0156) <input type="checkbox"/> 1 Rollator Basket (A9270)	
			Bedside Commode	
			<input type="checkbox"/> Heavy Duty Rollator Walker (Must Check All) <input type="checkbox"/> 1 Heavy Duty Walker (E0149) (>300 lbs) <input type="checkbox"/> 1 Seat Attachment (E0156) <input type="checkbox"/> 1 Rollator Basket (A9270)	
			Medicaid Covered Bath Items	
			<input type="checkbox"/> 1 Bedside Commode (E0163) (<300 lbs) <input type="checkbox"/> 1 Drop Arm Commode (E0165) (<300 lbs) <input type="checkbox"/> 1 Heavy Duty Commode (E0168) (>=300 lbs)	
			<input type="checkbox"/> 1 Tub Transfer Bench (E0247) <input type="checkbox"/> 1 Shower/Bath Chair (E0240) <input type="checkbox"/> 1 Raised Toilet Seat (E0244)	
			* Length of Need (99= Lifetime):	
			Additional Information:	

Have questions or need assistance? Give us a call!

Phone: (866)864-6332 Fax: (972)572-1112