

DME Written Order Form

Patient Start Date:

Length of Need: (99 months = lifetime)

Patient Name	Wheel Chairs (Qualifying chart notes required) Width 16" □ 18" □ 20" □ 22" □ 24" □		Walkers / Crutches
			☐ Adult Folding Adjustable (standard)
	☐ Standard Weig	ght	□ Wheeled Folding Adult □ 3" □ 5"
Address	☐ Light Weight ☐ High Strength		☐ Youth Folding Adjustable (standard) ☐ Wheeled Folding Youth ☐ 3" ☐ 5"
	□ Recline		☐ Tall Folding Adjustable (standard)
	□ Recilile	Ctd Hoight	
		☐ Std. Height	ŭ
Phone #	1	☐ Hemi Height☐ Tall Adult	☐ Platform Attachment
Priorie #	☐ Elevating Swir		☐ Left ☐ Right ☐ Crutches Alum.
	☐ Swing Away Footrests		□ Std. □ Youth □ Tall
Diagnosis	☐ Adjustable Ht.		☐ Forearm Crutches
	Arm Length ☐ Desk ☐ Full		☐ Std. ☐ Youth ☐ Tall
	Whee	Chair Accessories	\square Hemi Walker (side walker)
	☐ Amputee Ada	oters	☐ Rollator With Seat
Height: Weight:	☐ Anti-Tippers		☐ Junior ☐ Adult
Date of Birth	☐ Arm Trough	☐ Left ☐ Right	☐ Adj. Alum. Cane
	☐ Brake Ext (paid ☐ Heel Loops	r)	☐ Adj. Alum. Cane Off Set ☐ Quad Cane ☐ Wide ☐ Narrow
Primary Insurance	☐ Amputee Stun	an Sunnart	Bathroom Equipment
rimary insurance	□ Amputee Stun	□ Left □ Right	☐ Commode Standard ☐ Heavy Duty
Identification Number	☐ Lap Tray	☐ Half ☐ Full	☐ Commode Drop Arm ☐ Heavy Duty
	☐ Seat Belt		☐ Raised Toilet Seat w/Clamp ☐ w/Arms
Phone #	☐ Solid Seat Inse	ert	\square Hand Held Shower
	☐ Transfer Board		☐ Shower Chair w/Back ☐ w/out Back
	Size	☐ Reg. ☐ Long	☐ Toilet Safety Rails
Secondary Insurance	☐ Other		☐ Transfer Tub Bench ☐ Heavy Duty
Ideal Control		<u>Cushion</u>	☐ Transfer Tub Bench Padded
Identification Number	Cushion Size	"(width) X "(depth)	☐ Transfer Tub Bench Padded w/'U' Front
Phone #	Back Cushion	" (width) □ 2"	☐ Tub Rails
	☐ Foam	⊔ 2	☐ Grab Bars "X (quantity)☐ Other
	☐ Gel w/SSI		
	□ Roho	Model	<u>Miscellaneous</u>
Delivery Date and Location	□ Jay	Model	☐ Hip Chair
	☐ Other		☐ Walker Basket w/Insert☐ Bed Transfer Assist Rail w/Board
	<u>Hospital Beds / Mattress / Accessories</u> (Qualifying chart notes required)		☐ Hip Kit
Facility Name and Number	☐ Fully Elec w/Mattress and Siderail		☐ Exercise Peddler
racinty Name and Number	☐ Semi Elec w/Mattress and Siderail		☐ Other
	•	ttress and Siderail	
Contact Person	☐ Gel Mattress		
	☐ Low Air Loss Mattress		
	☐ Alt. Pressure 0	,	
Emergency Contact Information	☐ Patient Hoyer Lift		
	☐ Overbed Table ☐ Transze Bar ☐ w/Floor Stand		
	☐ Trapeze Bar ☐ Half Side Rails	☐ w/Floor Stand	
Dr. Name	Phone #		NPI#
	Fax #		
Signature	Date		Address