



General Physician's Order

Start of Care Date: _____

Patient's

Name: _____ **Phone:** _____ **D.O.B.:** ____ / ____ / ____

Dx: _____ ICD-10 Code: _____
 Dx: _____ ICD-10 Code: _____
 Dx: _____ ICD-10 Code: _____
 Dx: _____ ICD-10 Code: _____

CANES/CRUTCHES

- CANE
- CANE, QUAD
- CRUTCHES, UNDERARM – PAIR

BEDSIDE COMMODE

- 3 in 1 COMMODE (E0163)
- DROP ARM COMMODE (E0165)
- COMMODE CHAIR, HEAVY DUTY (pt weighs 300 lbs or >)

PATIENT LIFTS

- PATIENT LIFT, HYDRAULIC W/ SEAT, SLING, STRAP(S) OR PAD(S) (E0630)

SEAT LIFT MECHANISM

- E0627 SEAT LIFT MECHANISM (CMN is required and will be forwarded)

DIABETIC SUPPLIES

- DIABETIC SHOES
- HEAT MOLDED INSERTS
- CUSTOM INSERTS
- TOE FILLERS
- CONTINUOUS GLUCOMETER
-

CPAP / BiPAP AND SUPPLIES

- CPAP (E0601) @ _____ cmH2O
- BiPAP (E0470) @ _____ ipap _____ epap
- HEATED HUMIDIFIER (E0156)
- CPAP/BiPAP SUPPLIES

WALKERS

- WALKER, FOLDING (PICKUP)
- WALKER, FOLDING, WHEELED (E0143)
- WALKER, HEAVY DUTY, WITHOUT WHEELS
- WALKER, HEAVY DUTY, WHEELED
- ROLLING WALKER, SEAT ATTACHMENT & BRAKES (ROLLATOR) (E0143, E0)
- HEMI WALKER / SIDE WALKER

HOSPITAL BEDS

- HOSPITAL BED, SEMI-ELEC, W/ SIDE RAILS W/ MATTRESS
- HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, 350 - 600 LBS, W/ SIDE RAILS, SEMI-ELECTRIC W/MATTRESS
- TRAPEZE FOR HOSPITAL BED

GROUP 1 SUPPORT SURFACES

- GEL OR GEL-LIKE OVERLAY
- ALTERNATING PRESSURE PAD, WITH PUMP
- PREVENTION MATTRESS - FOAM

GROUP 2 SUPPORT SURFACES

- PRESSURE REDUCING LOW AIR LOSS MATTRESS

ORTHOPEDIC SUPPORT

- WRIST BRACE
- LSO
- TLSO
- KNEE BRACE PLAIN HINGED
- THUMB SPICA
- T-SCOPE
- WALKING BOOT ANKLE CALF

TRANSFER

- SLIDE BOARD

MANUAL WHEELCHAIRS

- TRANSPORT CHAIR
- STANDARD WHEELCHAIR
- STANDARD HEMI (LOW SEAT) WHEELCHAIR
- LIGHTWEIGHT WHEELCHAIR
- HIGH STRENGTH, LIGHTWEIGHT WHEELCHAIR
- HVY DUTY WHEELCHAIR (pt weighs 250-300 lbs)
- EXTRA HEAVY-DUTY WHEELCHAIR (pt weighs 300 lbs or >)

WHEELCHAIR SEATING/CUSHIONS

SEAT CUSHIONS:

- GENERAL USE SEAT CUSHION WIDTH < 22"
- GENERAL USE SEAT CUSHION WIDTH 22" OR >

BACK CUSHIONS:

- GENERAL USE BACK CUSHION WIDTH < 22"
- GENERAL USE BACK CUSHION WIDTH 22" or >

NEBULIZER

- NEBULIZER (E0570)
- NEBULIZER MASK W/ TUBING (A7003)
- NEBULIZER MOUTHPIECE W/ TUBING (A7003)

OXYGEN

- OXYGEN CONCENTRATOR (E1390)
- PORTABLE GASEOUS OXYGEN SYSTEM (E0431) (CMN is required and will be forwarded)

OXYGEN ORDERS

_____ Nasal Cannula _____ Oxygen Mask
 _____ LPM _____ Continuous (24 hrs)
 _____ % Room Air @ Rest Sats (send progress notes)

DIRECTIONS FOR USE

EQUIPMENT DESCRIPTION	FREQUENCY	SIZE

****Length of Need (#of months) (99= Lifetime):** 99

My signature below certifies that the equipment listed above is medically necessary.
 (SIGNATURE STAMPS ARE NOT ACCEPTABLE)

PHYSICIAN SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ NPI #: _____