reset form

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REFERRAL INFORMATION

Patient _____ DOB: _____ Height: _____ Weight: _____ Date: _____

Address: _____ DX ICD-10 _____ Length of Need: _____

_____ Phone #: _____ Cell Phone #: _____

WHEELCHAIRS

- ☐ Standard Lightweight (K0003)
- ☐ Standard (K0001)
- ☐ Heavy Duty (K0006)
- ☐ Extra HD (K0007)
- ☐ Hemi-Height (K0002)
- ☐ Transport Chair (E1038)
- ☐ Bariatric Transport Chair (E1039)
- ☐ 12" Pediatric Wheelchair (E1236)
- ☐ 14" Pediatric Wheelchair (E1236)
- ☐ Reclining (E1226)
- ☐ Elevating Leg Rests (K0195)
- ☐ Seat Belt (E0978)
- ☐ Rear Anti-Tippers (E0971)
- ☐ Headrest (E0966)
- ☐ Footrest (E0971)

Seat Width: ☐ 16" ☐ 18"

Non Standard Width: ☐ 20" ☐ 22" ☐ 24" ☐ 26" ☐ 28" ☐ 30"

Cushion/Seat (select one)
☐ E2601 ☐ E2602 ☐ E2603 ☐ E2604

* In order to qualify for the cushion pad, patient must be sitting in wheelchair for over 4 hours per day. (check yes or no) ☐ Yes ☐ No

HOSPITAL BEDS

- ☐ Semi Electric Bed (E0260)
- ☐ Bariatric Bed (E0303)
- ☐ Foam Mattress (E0272)
- ☐ Half Rails (E0305)
- ☐ Full Rails (E0310)
- ☐ Trapeze Bar (E010)
- ☐ Gel Overlay (E0185) *
- ☐ Overbed Table (E0274)
- ☐ Patient Lift (E0630)
- ☐ APP Mattress (E0181)
- ☐ Low Air Loss System (E0277) (Wound Assessment Required)
- ☐ Bariatric Trapeze Bar (E0912)

* Gel Overlay Qualification = Partial immobility accompanied by altered sensory perception, incontinence, or impaired nutritional or circulatory status.

** Documentation Required = Patient must have at least a healing stage III, IV, V wound on the back, trunk, or pelvis area.

AMBULATORY

- ☐ Adult Walker w/wheels (E0143)
- ☐ Junior Walker w/wheels (E0143)
- ☐ Tall Walker w/wheels (E0143)
- ☐ Bariatric Walker w/wheels (E0149)
- ☐ Walker/no wheels (E0135)
- ☐ Bariatric Walker /no wheels (E0135)
- ☐ Basic Rollator walker w/seat (E0143, E0156, E0159)
- ☐ Bariatric Rollator walker w/seat (E0149, E0156, E0159)

Canes
- ☐ Standard Cane (E0100)
- ☐ Quad Cane, small base (E0105)
- ☐ Quad Cane, Large base (E0105)

Crutches (E0144)
- ☐ Standard
- ☐ Tall
- ☐ Youth

☐ Forearm Crutches (E0110)

BATH

- ☐ Shower Chair w/back (E0240)
- ☐ Shower chair w/arms (E0240)
- ☐ Bariatric Shower Chair (E0240)
- ☐ Transfer Bench (E0247)

TOILET

- ☐ 3 in 1 Commode (E0163)
- ☐ Bariatric Commode (E0168)
- ☐ Raised Toilet Seat w/arms (E0244)
- ☐ Transfer Board (E0705)
- ☐ Drop Arm Commode (E0165)

Physician Print Name: _____ NPI #: _____

Physician's Signature: _____ Date: _____

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