Pride Medical Equipment
Because We Take Pride In What We do

Please fax this form to (312) 277-3772

Pride Medical Equipment
17W727 Butterfield Rd
STE G
OakBrook Terrace, IL 60181

Patient Information

Name_____ DOB_____ Phone #_____

Address_____ City_____ State_____ Zip_____

HT_____ WT_____ Insurance_____ Policy #_____

Manual Wheelchairs

- ☐ **Standard Wheelchair** w/ anti-tippers, brake extensions – K0001
- ☐ **Standard Hemi Wheelchair** w/ anti-tippers, brake extensions – K0002
- ☐ **Lightweight Manual Wheelchair** w/ anti-tippers, brake extensions – K0003
- ☐ **High-Strength LW Wheelchair** w/ anti-tippers, brake extensions – K0004
- ☐ **HD Wheelchair** (PT. +251 lbs.) w/ anti-tippers, brake extensions- K0006
  (PT. +301 lbs.) w/ anti-tippers, brake extensions- K0007

Cushions: ☐ Foam Seat & Back Cushion ☐ Gel Seat Cushion ☐ Air Cushion

Standard Options
Heel Loops ☐
Elevating Leg Rests ☐
Adjustable Height Arm Rests ☐
Safety Belt ☐ Non-Standard Seat ☐

High Back Options
Fully Reclining Back (E1226) ☐
Cushioned Head Rest (E0955) ☐

Hospital Beds

☐ **Semi-Electric Hospital Bed** (Requires body positioning changes) ☐ **Bariatric Bed** (PT. +351 lbs.)

☐ **Gel Overlay** (E0185)
☐ **Dry Pressure Mattress** (E0184)

Group 1 Qualifications: ☐ Ulcer **OR** ☐ Partially Immobile **AND**
☐ Fecal or Urinary Incontinence ☐ Altered Sensory Perception ☐ Compromised Circulatory Status Impaired Nutritional Status

Mobility

☐ **3 in 1 Commode** ☐ **Rollator**
☐ **Walker** ☐ **Other**_____

Respiratory

☐ 24 Hour Oxygen ☐ Nocturnal Oxygen ☐ Overnight Oximetry
Sat Level_____% LPM_____ Date Tested_____
☐ Nebulizer with Kit (1 every 6 months)

Qualification

Start Date: _____ **Length of Need:** _____ **(in months, 99= Lifetime)**

- ☐ E11.9 – DM wo cmp nt st uncntr
- ☐ E78.5 – Hyperlipidemia NEC/NOS
- ☐ E266.01 – Morbid Obesity
- ☐ D64.9 – Anemia NOS
- ☐ F03.90 – Unspecified Dementia wo behave dis
- ☐ G30.9 – Alzheimer's Disease
- ☐ G20 – Parkinson's
- ☐ G35 – Multiple Sclerosis
- ☐ I10 – Hypertension NOS
- ☐ I25.10 – Coronary Artery Disease
- ☐ I48.91 – Atrial Fibrillation
- ☐ I50.9 – CHF NOS
- ☐ I67.89 - CVA
- ☐ J18.9 – Pneumonia, organism NOS
- ☐ J44.9 - COPD
- ☐ L89.159 – Pressure Ulcer, lower back
- ☐ L89.209 – Pressure Ulcer Hip
- ☐ L89.309 – Pressure Ulcer Buttocks
- ☐ M06.9 – Rheumatoid Arthritis
- ☐ M19.90 – Osteoarthritis NOS-unspec
- ☐ R09.02 - Hypoxemia
- ☐ M62.81 – Muscle Weakness- general
- ☐ M81.0 – Osteoporosis NOS
- ☐ R60.9 - Edema
- ☐ _____
- ☐ _____
- ☐ _____

Physician Information

Name_____ NPI _____ Phone_____ Fax_____
Address_____ City_____ State_____ ZIP_____
Physician Signature_____ Date_____