Physician Order Form

HOSPITAL BEDS, HOSPITAL BED ACCESSORIES & BEDROOM ACCESSORIES

Patient's Name _____ Date _____

DOB: _____ HT: _____ WT: _____

HOSPITAL BEDS

- ☐ Fixed Height Hospital Beds (E0250, E0251, E0290, E0291, E0328)
- ☐ Variable Height Hospital Beds (E0255, E0256, E0292, E0293)
- ☐ Semi-Electric Height Hospital Beds (E0260, E0261, E0294, E0295, E0329)
- ☐ Heavy Duty Extra Wide Hospital Beds (E0301, E0303)
- ☐ Extra Heavy-Duty Hospital Beds (E0302, E0304)

HOSPITAL BED ACCESSORIES

- ☐ Trapeze Equipment (E0910, E0940)
- ☐ Heavy Duty Trapeze Equipment (E0911, E0912)
- ☐ Bed Cradle (E0280)
- ☐ Side Rails OR Safety Enclosures (E0305 or E0310) OR (E0316)
- ☐ Replacement Innerspring Mattress (E0271)
- ☐ Foam Rubber Mattress (E0272)
- ☐ Prodigy Mattress Overlay System (E0197)
- ☐ Prodigy Overlay 2-Piece Cover (E1399)

BEDROOM ACCESSORIES

- ☐ Patient Lift Hydraulic (E0630)
- ☐ Patient Lift Electric (E0635)
- ☐ Patient Lift Multi-Positional W/Patient Controls (E0636)
- ☐ Commode STD (E0163)
- ☐ Commode Drop Arm (E0165)
- ☐ Commode Heavy Duty (E0168)
- ☐ GP-1 Foam Dry Pressure Mattress (E0184)
- ☐ GP-1 Gel Overlay Mattress (E0185)
- ☐ GP-1 Alt Pressure Pump/Pad (E0181)
- ☐ GP-2 Low Air Loss Mattress (E0277)

ICD10 CODES: ☐ COPD ☐ CHF ☐ CHRONIC PAIN ☐ ASPIRATION ☐ ACUTE POST-OPERATIVE PAIN

☐ OTHER _____ ☐ LENGTH OF NEED _____

Physician or FNP Name _____ NPI # _____

Address _____ City _____ State _____

Zip _____ Phone _____ Fax _____

Physician or FNP Signature _____ Date _____