Physician Order Form

MOBILITY AIDES

Patient's Name _____ Start Date _____

Address _____ City _____ State _____ Zip _____

HT: _____ WT: _____ DOB: _____

Insurance # 1 _____ Insurance # 2 _____

MOBILITY AIDES

- ☐ Crutches (E0114)
- ☐ Cane (E0100)
- ☐ Quad Cane (E0105)
- ☐ Knee Walker / Crutch Substitute (E0118)
- ☐ Walker (Pick-Up) (E0135)
- ☐ Walker with Wheels (E0143)
- ☐ Heavy Duty Walker (E0148)
- ☐ Heavy Duty Walker w/Wheels (E0149)
- ☐ Rollator Walker w/Seat (E0143) & (E0156)
- ☐ Rollator Heavy Duty Walker w/Seat (E0147) & (E0156)
- ☐ Hemi Walker (E0135)
- ☐ Platform Attachment (E0154)
- ☐ Crutch Attachment (E0157)

WHEELCHAIRS

- ☐ Wheelchair STD (K0001)
- ☐ Wheelchair Hemi (K0002)
- ☐ Wheelchair Lightweight (K0003)
- ☐ Wheelchair Light High Strength (K0004)
- ☐ Wheelchair HD (K0006)
- ☐ Wheelchair Extra HD (K0007)
- ☐ Transport Wheelchair (E1035)
- ☐ Reclining Wheelchair (E1226)

ACCESSORIES

- ☐ ELR'S - Right - Left - Bilateral (Circle One) (E0990) (K0195)
- ☐ Ant Tippers (E0971)
- ☐ Brake Extensions (E0961)
- ☐ Cushion Back (E2611)
- ☐ Cushion Seat (E2601)
- ☐ Adjustable Arm Rest (E0973)
- ☐ Seat Belt (E0978)
- ☐ Heel Loops for Footrest (E0951)

***Qualifications and required documentation to be noted in Face to Face chart notes from Physician.**

ICD10 _____ LENGTH OF NEED _____

Physician or FNP Name _____ NPI # _____

Address _____ City _____ State _____

Zip _____ Phone _____ Fax _____

Physician or FNP Signature _____ Date _____