American HomeCare Equipment
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Parachute / Careport / Go Scripts / DME Scripts

STANDARD WRITTEN ORDER (SWO) DME

Name of Patient:_____HIC#: _____ DOB:___/___/____ Lbs.:_____ H_____

Address:_____ City: _____ State:_____ Zip Code: _____

Date Ordered:____/____/_____ Months Needed: _____(1-99 LIFETIME)

- ☐ STANDARD WHEELCHAIR (K0001)
- ☐ LIGHTWEIGHT WHEELCHAIR (K0003)
- ☐ HEAVY DUTY WHEELCHAIR (K0006/7) ___ lb.
- ☐ SEAT BELT (E0978)
- ☐ TRANSPORT WHEELCHAIR (E1038)
- ☐ FULLY RECLINING (E1226)
- ☐ SEATED CUSHION (E2601)
- ☐ NON STANDARD FRAME WIDTH GREATER THAN 20 - 24 (E2201)
- ☐ ELR'S (K0195)
- ☐ BACK CUSHION (E2611)
- ☐ ANTI TIPPERS (E0971)

- ☐ Patient has functional mobility and needs wheelchair to complete ADLs In timely manner
- ☐ Limited mobility cannot be resolved utilizing an assistive device such as a walker ar cane
- ☐ Patients use of a wheelchair will significanlty improve the patient's ability to participate in ADL's
- ☐ Removable arms are necessary to facilitate transfer
- ☐ ELR's are necessary to preven! excess blood pooling in dependent positiondue to patient's medical Hx
- ☐ Lightweight wheelchair is needed to perfomr ADLs and can do in safely manner
- ☐ Patient's energy expenditure and risk for shoulder injury are drastically decreased

- ☐ SEMI ELECTRIC HOSPITAL BED (E0260)
- ☐ BARIATRIC FULL ELECTRIC HOSP. BED (E0303)
- ☐ GEL OVERLAY (E0185)
- ☐ ALT. PRESSURE MATTRESS (E0181)
- ☐ TRAPEZE (E091O)

- ☐ Semi-Electric variable bed height hospital bed with rails are necessary due to patient's multiple medical
- ☐ conditions which require ongoing body positioning in ways not feasible with a standard bed
- ☐ Patient requires head elevation >30 degrees due to medical history
- ☐ Patient has limited mobility
- ☐ Prevention of bed sores
- ☐ Patient has a high risk for sores due to medical history
- ☐ Patient is primary bed bound due to lack of functional mobility
- ☐ Patient meets requirement and weights at least 350 LBS. for bariatric hospital bed

- ☐ LOW AIR LOSS MATTRESS (E0277)
- ☐ ADJUSTABLE SKIN PROTECTING CUSHION (E2622)

- ☐ Patient has multiple stage 2 Pressure Ulcers located on the trunk or pelvis
- ☐ Patient has been on a comprenhensive ulcer treatment for the past month, including group 1 support
- ☐ Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (Surgery within the past 60 days)
- ☐ Patient has al least one Pressure Ulcer stage 3 or 4 located on the trunk or pelvis
- ☐ Has a wheelchair and hospital bed and meets to carry out a functional weight shift

- ☐ HOYER LIFTER (E0630)
  - ☐ Patient lift is necessary to facilitate a safe transfer between bed and wheelchair
  - ☐ Patient would be confinad to a bed without the use of a patient lift

- ☐ SUCTION PUMP (E0600)
- ☐ SUCTION CATHETERS (A4628)
- ☐ THRACHEAL CATHETERS (A4624)

- ☐ Cancer, or surgery of the throat or mouth. Patient has a tracheostomy
- ☐ Dysfunction of the swallowing muscles ar unconsciousness

- ☐ AEROSOL NEBULIZER COMPRESSOR (E0570)
- ☐ NON-DISPOSABLE NEBULIZER KIT (A7005)
  - ☐ Equipment is required to administer_____ Dosage _____ Times a day _____ ☐ OTHERS_____

Physician Name:_____ NPI#_____ Address:_____

Signature:_____ Date:____/____/_____

I certify that I am actively treating this patient and that the information I provide is Accurate

Any narrative the Physician writes on the Written Order Prior to Delivery must be supported by the Medical records.