GREATER COMFORT DME
DURABLE MEDICAL EQUIPMENT

Reset Form

Physicians Mobility Order Form

Patients Name _____ **Start Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

HT: _____ **WT:** _____ **DOB** _____

Insurance #1: _____ **Insurance #2:** _____

Mobility Aides

❑ Crutches (E0114) ❑ Cane (E0100) ❑ Quad Cane (E0105) ❑ Walker (pick-up) (E0135)

❑ Walker w/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)

Wheelchair

❑ Wheelchair STD (K0001) ❑ Wheelchair Hemi (K0002) ❑ Wheelchair Light Weight (K0003)

❑ Wheelchair Light High Strength (K0004) ❑ Wheelchair HD (K0006) ❑ Wheelchair Extra HD (K0007)

❑ Transport Wheelchair (E1038) ❑ Reclining Wheelchair (E1226)

Accessories

❑ELR's - **Right - Left - Bilateral (Circle one)** (E0990) (K0195) ❑Ant tippers (E0971)

❑Brake Extensions (E0961) ❑ Cushion Back (E2601) ❑Cushion Seat (E2611)

❑Adjustable Arm Rest (E0973) ❑ Seat Belt (E0978) ❑ Heel Loops for Footrest (E0951)

Qualifications and required documentation to be noted in Face to Face charts notes to from Physician

ICD10: _____ LON: _____

Physician or FNP Name: _____

Address: _____ City: _____, State: _____

ZIP_____ Phone: _____ Fax: _____

NPI #: _____

Physician or FNP Signature: _____Date: _____

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