

DETAILED WRITTEN ORDER FOR DURABLE MEDICAL EQUIPMENT

Prescriber's

Name (please print) _____ NPI _____
REQUIRED REQUIRED

Order date ____/____/____
REQUIRED

Prescriber's

Signature **X** _____ Signature Date _____
STAMPED SIGNATURES NOT ACCEPTED REQUIRED

P A T I E N T I N F O R M A T I O N

Patient name _____ DOB _____

Diagnosis _____ Room # _____

Home phone _____ Next of kin _____ CELL # _____

OXYGEN AND RESPIRATORY - TEST RESULTS MUST BE RECORDED IN THE PATIENT'S CHART

Oxygen sats % *(specific values only, do not record ranges)*

Date of test: ____/____/____

- 1. _____ at rest on room air
- 2. _____ with exertion
- 3. _____ with exertion @ _____ LPM O₂

For Medicare - If the sat is 88% or less at step 1, STOP. If pt. never reaches 88% or less on step 1, proceed with steps 2 and 3. Pt. then must reach 88%* or below on step 2. *89 with documented evidence of CHF, Cor Pulmonale or hematocrit > 56*

Rx - Home oxygen:

_____ LPM via _____
method of administration

to be used _____
continuous, nocturnal, etc.

Nebulizer compressor, w/reusable administration set

Overnight oximetry test on: room air oxygen at _____ LPM on PAP device

Reason for test (check all that apply): nocturnal de-sat potential sleep disorder pulmonary follow up

M E D I C A L E Q U I P M E N T

- Semi-electric hospital bed with group 1 mattress
- Heavy-duty hospital bed *(pt must be > 350 lbs)*
- Patient lift Floor standing trapeze Bed attached trapeze
- Gel mattress OVERLAY *(group 1)*
- Powered pressure reducing air MATTRESS *(group 2)*
- Non-powered advanced pressure reducing MATTRESS *(group 2)*

- Standard Walker Walker with wheels
- Heavy duty walker with wheels
- Rollator, walker with seat attachment
- Commode Drop arm commode
- Hvy duty commode *(pt wt > 300 lbs)*
- Hvy duty commode - drop arm

ALL wheelchairs, patient's: height (inches) _____ weight (lbs) _____

- Standard manual wheelchair Hemi-ht. manual wheelchair Lightweight manual wheelchair
- Transport chair *(pt wt ≤ 300 lbs)* Transport chair *(pt wt > 300 lbs)*
- High strength lightweight manual wheelchair Nonstandard seat frame 20" or greater
- Heavy duty manual wheelchair *(pt wt > 250 lbs)* Extra heavy duty manual wheelchair *(pt wt > 300 lbs)*
- Reclining manual wheelchair: *includes lightweight manual base, headrest extension, anti-tip devices, elevating legrests, reclining back*
 - leg rests elevating leg rests articulating legrests - L / R anti-tippers, pair brake extension - L / R
 - amputee pad - L / R arm trough - L / R transfer board oxygen tank holder

Wheelchair cushion: standard skin protection positioning skin protection & positioning back

Other orders or comments: