

Standard Written Order

*NOTE: Insurance requires that ALL elements must be handwritten by the treating provider.

Weight: _____

1 Beneficiary/
Patient Name: _____

Height: _____

(Needed to select the appropriate equipment)

2 Equipment
Ordered: _____
IE: PWC & accs, HD PWC & accs, Ltwght Mwc & accs, Lift w/sling, Bed & mat.

3 Length of Need: _____ # of months
(99 = lifetime)

4 ICD 10 DX Codes: _____

5 Physician's Signature: _____
No Signature Stamps

6 Physician's NPI: _____

7 Date of Written Order: _____

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Equipment & Accessories Options:

Manual Wheelchair Bases (MWC): Standard or Lightweight (<285 lbs), Heavy Duty (>286 lbs), Custom

MWC Accs: Anti-Tippers, Elevated Leg Rests OR Flip-Up Footplates, Safety Belt, Height Adj Arms Rests, General Use Seat & Back Cushions

Power Wheelchair (PWC): Standard (<285 lbs), Portable (<285 lbs), or Heavy Duty (>286 lbs), Group 3

PWC Accs: Height Adj Arms & Batteries

Hospital Beds: Semi Electric (<400 lbs)

Mattress & Overlay Options: Standard Mattress, Dry Pressure Reducing Foam Mattress, Gel Overlay Topper

Patient Lift: Hydraulic Lift w/ Sling

Please fax to Scooter's and More at (817) 338-4450