

# Standard Written Order

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

Weight: \_\_\_\_\_

Height: \_\_\_\_\_  
(Needed to select the appropriate equipment)

**1** Beneficiary/  
Patient Name: \_\_\_\_\_

**2** Equipment  
Ordered: \_\_\_\_\_  
IE: PWC & accs, HD PWC & accs, Ltweight 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