

DETAILED WRITTEN ORDER

Patient:					Date:	
Aa(Address: Estimated LON: 99 Months (Lifetime) or Other			Height:	Pnone: Weight:	
LJU						
	Z96.651 P G89.4 Chr	F Systolic Failure	int 🗖 Z9	62.81 Muscle W 6.652 Presence	Joaknoss D B26 2 Difficulty Walking	
WHEELCHAIRS						
	K0001	Standard Wheelchair				
				_	needed for K0001.	
		■ E0971 Anti-tippers	□ E09	51 Heel L	oops	
	K0002	Hemi Height Wheelchair	Weight: 0 lbs – 2	239 lbs	Height: 5'2" or under	
					needed for K0002.	
		■ E0971 Anti-tippers		_		
	K0003	Lightweight Wheelchair	_		_	
		*Must have notes stating why	•			
				_	needed for K0003.	
		■ E0971 Anti-tippers	□ E09	51 Heel L	oops	
	K0006	Heavy Duty Wheelchair © E0971 Anti-tippers	-	– 286 lbs 51 Heel L	_	
					•	
	K0007	Heavy Duty Wheelchair ■ E0971 Anti-tippers	Weight: over 28		_	
	E1038	E1038 Transport Chair Weight: 0 lbs – 239 lbs Height: over 5'2" *Must have notes stating why the patient is unable to propel themselves in a wheelchair.				
		*Must have notes stating why	the patient is una	bie to propei t	nemselves in a wheelchair.	
Other:						
WHEELCHAIR CUSHIONS						
		General Use Seat Cushion		elchair widths		
		General Use Seat Cushion				
	E2611			For wheelchair widths less than 22"		
	E2612		shion For wheelchair widths 22" or more			
*All other wheelchair cushions require a separate wheelchair cushion form.						
PHYSICIAN INFORMATION:						
Name:		NPI:		Phone:		
Address:Fax:						
Physician Signature:				Date:		