



**TRANSCEND  
MEDICAL**

Going Beyond The Limits

**Durable Medical Equipment Order Form**

**800-403-3740**

**256-259-1498 fax**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Start Date: \_\_\_\_\_

Diagnosis(s): \_\_\_\_\_

Attach a Copy of Patient's Demographic Page \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Mobility (Aid Walking)**

- |                                      |  |
|--------------------------------------|--|
| ____ Cane (E0100)                    | ____ Walker (E0135)                    |
| ____ Quad Cane (E0105)               | ____ Walker w Wheels (E0143)           |
| ____ Rollator w/seat (E0143 & E0156) | ____ Walker Heavy Duty 300lb + (E0149) |

**Mobility Assistive Equipment**

- |  |                                    |
|--|------------------------------------|
| ____ Wheelchair Standard (K0001)                   | ____ Elevating Leg Rest (K0195)    |
| ____ Wheelchair Hemi (K0002)                       | ____ Seat Cushion (E2601)          |
| ____ Wheelchair Lightweight (K0003)                | ____ Back Cushion (E2611)          |
| ____ Wheelchair Heavy Duty (K0006) + 250 lb.       | ____ Other type Cushion _____      |
| ____ Wheelchair Extra Heavy Duty (K0007) + 300 lb. | ____ Safety Belt (E0978)           |
|  | ____ Anti-Tippers (E0971)          |
|  | ____ Heel Loops (E0951)            |
|  | ____ Wheel lock extensions (E0961) |

**Bed and Related**

- |  |                                       |
|--|---------------------------------------|
| ____ Semi Electric Bed (E0261) with E0184 Dry Pressure Pad Standard Length | ____ Gel or Gel like mattress (E0185) |
| ____ Bariatric Bed (E0303) 350 to 600 lbs.                                 | ____ Alternating Pressure Pad (E0181) |
| ____ Bariatric Bed Heavy (E0304) 600 lbs. +                                | ____ Patient Lift w Sling (E0630)     |
| ____ Low Air Loss Mattress (E0277)   |                                       |
| ____ Trapeze Bar for Bed (E0910)   | ____ Trapeze Free Standing (E0940)    |
| ____ Heavy Duty Trapeze for Bed (E0912)                                    | ____ Heavy Duty Commode (E0168)       |
| ____ Bedside Commode 3in1 (E0163)  |                                       |

Physician Name: \_\_\_\_\_ NPI# \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_