



**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) | ____ Innerspring mattress (E0271) |
| ____ Bariatric Bed (E0303) 350 to 600 lbs. | ____ Dry Pressure Mattress (E0184) |
| ____ Bariatric Bed Heavy (E0304) 600 lbs. + | ____ Gel or Gel like mattress (E0185) |
| ____ Low Air Loss Mattress (E0277) | ____ Alternating Pressure Pad (E0181) |
| ____ Trapeze Bar for Bed (E0910) | ____ Patient Lift w Sling (E0630) |
| ____ Heavy Duty Trapeze for Bed (E0912) | ____ Trapeze Free Standing (E0940) |
| ____ Bedside Commode 3in1 (E0163) | ____ Heavy Duty Commode (E0168) |

Physician Name: _____ NPI# _____

Physician Signature _____ Date _____