TRANSCEND MEDICAL
Going Beyond The Limits

Durable Medical Equipment – Order Form
800-403-3740
256-259-1498 Fax
www.transcendmedical.net

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) _____ Platform Attachment (E0154)

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 (E0260) _____ 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 3 in1 (E0163) _____ Heavy Duty Commode (E0168)

Physician Name: _____ NPI# _____

Physician Signature _____ Date: _____