



**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)**

- |  |  |
|--|--|
| <input type="checkbox"/> Cane (E0100)                    | <input type="checkbox"/> Walker (E0135)                    |
| <input type="checkbox"/> Quad Cane (E0105)               | <input type="checkbox"/> Walker w Wheels (E0143)           |
| <input type="checkbox"/> Rollator w/seat (E0143 & E0156) | <input type="checkbox"/> Walker Heavy Duty 300lb + (E0149) |
|  | <input type="checkbox"/> Platform Attachment (E0154)       |

### **Mobility Assistive Equipment**

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

### **Bed and Related**

- |   |   |
|---|---|
| <input type="checkbox"/> Semi Electric Bed (E0261)              | <input type="checkbox"/> Innerspring mattress (E0271)     |
| <input type="checkbox"/> Bariatric Bed (E0303) 350 to 600 lbs.  | <input type="checkbox"/> Dry Pressure Mattress (E0184)    |
| <input type="checkbox"/> Bariatric Bed Heavy (E0304) 600 lbs. + | <input type="checkbox"/> Gel or Gel like mattress (E0185) |
| <input type="checkbox"/> Low Air Loss Mattress (E0277)          | <input type="checkbox"/> Alternating Pressure Pad (E0181) |
| <input type="checkbox"/> Trapeze Bar for Bed (E0910)            | <input type="checkbox"/> Patient Lift w Sling (E0630)     |
| <input type="checkbox"/> Heavy Duty Trapeze for Bed (E0912)     | <input type="checkbox"/> Trapeze Free Standing (E0940)    |
| <input type="checkbox"/> Bedside Commode 3in1 (E0163)           | <input type="checkbox"/> Heavy Duty Commode (E0168)       |

Physician Name: \_\_\_\_\_

NPI# \_\_\_\_\_

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

Date \_\_\_\_\_