

PATIENT INFORMATION

Patient: _____
 DOB: _____
 Order Date: _____

Patient Contact Number: _____
 Patient Height: _____
 Patient Weight: _____

DIAGNOSIS

DX Code: _____ Length of need: 99 or _____

Mobility

- Standard Walker No Wheel (E0135)
- Walker 2-Wheeled (E0143)
- Walker 2-Wheeled Heavy Duty (E0149)
- Walker with Wheels (E0143) and Seat (E0156)
- Walker Heavy Duty with Wheels (E0149) and Seat (E0156)
- Platform Attachments (E0149) Right Left
- Cane (E0100)
- Quad Cane (E0105)
- Crutches (E0114)
- Hip Replacement Kit (E1399)
- Transfer Board (E0705)
- Other _____

BATHROOM SAFETY

- Tub Transfer Bench (E0247)
- Shower Chair without Back (E0245)
- Shower Chair with Back (E0245)
- Raised Toilet Seat (E0244)
- Raised Toilet Seat with Arms (E0244)
- Drop Arm Commode (E0165)
- Commode (E0163)
- Heavy Duty Commode (E0168)
- Toilet Safety Frames (E0243)
- Grab Bar - Wall Mount (E0241)
- Grab Bar - Tub Mount (E0246)
- Other _____

PHYSICIAN INFORMATION

Practitioner's Name: _____
 NPI: _____

Practitioner's Signature

Date

Notes: Fax this form and patient demographic sheet which includes insurance information to Atlantic Healthcare Products at 561-290-1434.

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 6782 Forest Hill Blvd, West
 Palm Beach, FL 33411
 561-964-6767

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