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Private Insurance: \_\_\_\_\_  
 Medicaid     Medicare     Self Pay  
 Policy # \_\_\_\_\_

## DME/Enteral Nutrition Order Form

PATIENT INFORMATION - Order Date: \_\_\_\_\_ Length of need (99 months = lifetime) \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis(ICD 10 Code): \_\_\_\_\_ Phone #: \_\_\_\_\_

*\*\*Please attach face sheet w/ patient demographics & insurance info\*\**  
*\*\*Please attach lab work, clinical notes and/or any other relevant documentation\*\**

ENTERAL NUTRITION - Product Name \_\_\_\_\_ Calories Per Day \_\_\_\_\_ Length of need \_\_\_\_\_  
 Method of Delivery -  Pump     Gravity Fed(Bags per month) \_\_\_\_\_     Bolus(n/o Syringe per month) \_\_\_\_\_  
 If Pump is used, what is the administration rate? \_\_\_\_\_ ml/hr x \_\_\_\_\_ hr. Flush rate? \_\_\_\_\_ ml/hr  
 IV Pole     Feeding Bags (No. per month) \_\_\_\_\_

AMBULATORY DEVICES -  Cane (E0100)     Crutches (E0114)     Quad cane (E0105)  
 Walker up to 300 lbs (E0135)     Walker with Wheels (E0143)  
 Extra Wide Walker 300-450 lbs (E0148)     Heavy Duty Walker with Wheels >350 lbs (E0149)  
 Junior Walker with Wheels (E0143)     Rollator with Seat and Wheels (E0143 & E0156)  
 HD Rollator with Seat and Wheels (E0149 & E0156)

WHEELCHAIRS: (up to 250 lbs)     Standard (K0002)     Light Weight (K0003)     Transport <300 lbs (E1038)  
 Geri Chair (E0131)     Heavy Duty Wheelchair 250-300 lbs (K0006 & K0007)  
 Heavy Duty Transport Chair >300 lbs (E0139)

Wheelchair Accessories:  Elevating Leg Rests (K0195)     Footrest (E1130)

BEDS:  Semi-Electric Hospital Bed (E0260)     Heavy Duty Full Electric 350-600 lbs (E0301)

Bed Accessories:  Rails Half     Rails Full     Trapeze (E0910)     Free Standing (E0940)     HD Trapeze (E0912)  
 Patient/Hoyer Lift Maximum Capacity 450 lbs (E0630)

SUPPORT SURFACES:     Alternating Pressure (E0181)     Low Air Loss System (E0277) **WOUND ASSESSMENT REQUIRED**

Aids to Daily Living:  Bedside Commode (E0163)     Drop Arm Commode (E0165)     HD Commode (E0168)

1. The patient is confined to a single room? Y or N  
 2. The patient is confined to one level of the home environment and there is no toilet on that level? Y or N  
 3. The patient is confined to the home and there are no toilet facilities in the home? Y or N  
 Shower Chair  Back     No Back (E0245) *Medicaid only covers one without a back.*     Tub Transfer Bench (not covered)

DIABETIC SUPPLIES:  Glucose Monitor     Lancet/Test Strips     Refill \_\_\_\_\_ Per Month

Other DME: \_\_\_\_\_

PRESCRIBING PHYSICIANS INFORMATION

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_