

**\*Detailed Physician's Order\***

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ DOB \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Estimated Length of Need=99 moths(lifetime) or: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
Insurance 1 \_\_\_\_\_  
ID# \_\_\_\_\_ Grp# \_\_\_\_\_  
Insurance 2 \_\_\_\_\_  
ID# \_\_\_\_\_ Grp# \_\_\_\_\_

- Oxygen Equipment** O2 Sat 88% or Below \_\_\_\_\_
- E1390 O2 Concentrator Freq \_\_\_\_\_ LPM \_\_\_\_\_
  - E0431 Portable System w/conserving Device  
Freq \_\_\_\_\_ LPM \_\_\_\_\_ via Nasal Cannula
  - Titrate to Conserving Device LPM \_\_\_\_\_

- BIPAP Equipment E0470**  
IPAP/EPAP \_\_\_\_\_ / \_\_\_\_\_ cmH20  
**Humidifier:**  
 Heated  Non-Heated

- CPAP Equipment**
- E0601 CPAP @ \_\_\_\_\_ cmH20  Auto Titratable  
Humidifier:  Heated  Non-Heated  
Mask Type: \_\_\_\_\_ Size: \_\_\_\_\_
- Change settings on CPAP from \_\_\_\_\_ to \_\_\_\_\_.  
BIPAP from \_\_\_\_\_ to \_\_\_\_\_.

- Patient Education**
- COPD  CHF  Diabetes

- Patient Assessment**
- Spot Check Oximetry
  - Overnight Oximetry
  - Environmental Assessment
  - Patient (Equipment) Assessment

**\*Per insurance guidelines a face to face evaluation for each piece of equipment ordered and the expected benfit from equipment is requested. Notes must be signed and dated by the physician. Beginning July 1, 2013 a NP, CNS, or PA may perform evaluation however, MD or DO must co-sign and date.**

**Date of Face to Face Evaluation:** \_\_\_\_\_

**DME**

- Wheelchair**
  - K0003 Lightweight
  - K0001 Standard
  - K0195 Elevated Leg Rest
  - E2601 Gel Cushion
  - E2611 Back Cushion
  - E0971 Anti Tippers
- Transport Chair E1038**
- Hoyer Lift E0630**
- Hospital Bed E0260**
- Trapeze Bar E0910**
- Bedside Commode E0163**
- Cane E0100**
- Quad Cane E0105**
- Walker E0135**
- Walker W/Wheels E0143**
- E0143 & E0156**
- Walker w/wheels & Seat (Rollator)**
- Gel Overlay E0185**
- Low Air Loss Mattress E0277**
- Nebulizer E0570**
  - A7003 Nebulizer Kits
  - A7014 Nebulizer Non-Disposable Filter
  - A7015 Nebulizer Mask
- Crutches E0114**
- Lift Chair E0627**
- Ted Hose Up to 18 Comp.**
- Wrist Brace L3908**
- Ankle Brace L1902**
- Other** \_\_\_\_\_
- Other** \_\_\_\_\_

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

Date \_\_\_\_\_

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

**\*Please attach a copy of the office note with the face to face evaluation\***