**Phone: (630) 834-1508**

Advance MEDICAL EQUIPMENT

**Fax: (630) 834-2280**

**Order Date** _____

## Patient Information

Name _____ DOB _____ Phone_____

Address_____ City_____ State_____ ZIP_____

HT_____ WT_____ Insurance_____ Policy Number _____

## Discharge Information

Is the Patient Discharging? ◯ Yes ◯ No Discharge Date: _____ Discharge Facility: _____

## Wheelchairs/Mobility

| | | | |
|---|---|---|---|
| ☐Manual Wheelchair | ☐Scooter | ☐Diabetic Shoes | ☐Ensure |
| ☐Motorized Wheelchair | ☐Walker | ☐Shower Chair | ☐Commode |
| ☐_____ | ☐Rollator | ☐Raised Toilet seat | ☐Incontinence Supplies |

## Hospital Beds

☐Bariatric Bed ( pt +351lbs)
☐Semi Electric Hospital Bed
☐Full Electric Upgrade (Additional CoPay)

☐Gel Overlay
☐Air Mattress

**Check all that apply:**

☐Ulcer ☐Altered sensory perception
☐Partially Immobile ☐Compromised circulatory status
☐Urinary Incontinence ☐Impaired nutritional status

## Respiratory

☐24Hr Oxygen ☐Nocturnal Oxygen

☐Afflovest ☐Home Ventilator ☐Cpap/ Bipap ☐_____

Sat Level _____% LPM_____ Date Tested_____

☐Concentrator ☐Portables ☐Conserving Device ☐Via Nasal Cannula

## Qualification

Start Date: _____

Length of Need__99__(in months, 99=lifetime)

| | | |
|---|---|---|
| ☐E11.9 - DM wo cmp nt st uncntr | ☐I48.91 - Atrial Fibrillation | ☐M19.90 - Osteoarthritis NOS-unspec |
| ☐E78.5 - Hyperlipidemia NEC/NOS | ☐I50.9 - CHF NOS | ☐R26.2 - Difficulty in walking |
| ☐E66.01 - Morbid Obesity | ☐I67.89 - CVA | ☐M48.00 - Spinal Stenosis |
| ☐D64.9 - Anemia NOS | ☐I73.9 - Peripheral Vascular Disease NOS | ☐M54.5 - Lumbago |
| ☐F03.90 - Unspecified Dementia wo behav dis | ☐J18.9 - Pneumonia, organism NOS | ☐M54.9 - Backache NOS |
| ☐G30.9- Alzheimer's Disease | ☐J44.9 - COPD | ☐R09.02 - Hypoxemia |
| ☐G20- Parkinson's | ☐N18.6 - End Stage Renal Disease | ☐M62.81 - Muscle Weakness - general |
| ☐G35- Multiple Sclerosis | ☐N18.9 - Chronic Kidney Disease NOS | ☐R32.0- Urinary Incontinence, Unspecific |
| ☐G81.90- Unsp Hemiplegia Unspf Side | ☐L89.159 - Pressure Ulcer, lower back | ☐R26.9 - Abnormality of Gait |
| ☐G63- Neuropathy in iother dis | ☐L89.209- Pressure Ulcer Hip | ☐R60.9 - Edema |
| ☐I10- Hypertension | ☐L89.309- Pressure Ulcer Buttocks | ☐R06.02 - Shortness of Breath |
| ☐I25.10- Coronary | ☐M06.9- Rheumatoid Arthritis | ☐Z91.81 - Personal Fall History |
| ☐_____ | ☐_____ | ☐_____ |

**Notes:**

## Physician Information

Name _____ NPI_____ Phone_____ Fax _____

Address_____ City_____ State_____ ZIP_____

Physician Signature _____ Date_____