



# DURABLE MEDICAL EQUIPMENT ORDER FORM

## MISSION MEDICAL SUPPLY

4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594

NPI:1881825008

### PHYSICIAN NAME:

ADDRESS:

CITY:

STATE:

ZIP:

LICENSE NO.

NPI NO.

PHONE:

FAX:

### PATIENT NAME:

ADDRESS:

HOME PHONE:

CELL:

DOB:

MALE  FEMALE

HT:

WT:

MEDICARE NO.

MEDICAL NO.

PPO NO.

HMO NO.

### ICD- 10 DIAGNOSIS CODE

- G30.9 - ALZHEIMER'S  E11.9 - DIABETES  E10.9 - IDDM  E11.65 - NIDDM  G20 - PARKINSON'S DISEASE  
 F02.80 - DEMENTIA  I70.90 - ASHD  R27.0 - ATAXIA  J45.902 - ASTHMA  G11.4 - PARAPLEGIA  
 M71.50 - BURSITIS  R42 - DIZZINESS  I50.9 - CHF  G56.00 - CTS  I73.9 - PVD  I10 - HTN  
 J44.9 - COPD  J43.9 - EMPHYSEMA  E45.9 - TIA  R53.82 - FATIGUE  R56.9 - CONVULSIONS  
 I89.0 - LYMPHEDEMA  R55 - SYNCOPE  M54.5 - LOW BACK PAIN  G56.00 - CTS  G56.01 - CTS RIGHT  
 M17.0 - DJB B/L KNEE  G56.02 - CTS LEFT  I87.2 - VENOUS INSUFF  P96.0 - RENAL FAILURE  
 M17.11 - DJB B/L RIGHT  M17.12 - DJB B/L LEFT  M81.0 - OSTEOPOROSIS  M25.572 - PAIN JOINT LEFT ANKLE FOOT  
 M25.579 - PAIN JOINT  M25.571 - PAIN JOINT RIGHT ANKLE FOOT  I83.009 - VARICOSE VEIN  M62.81 - MUSCLE WEAKNESS  
 OTHER:

### DURABLE MEDICAL EQUIPMENT ORDER:

#### CANE / COMMODE / SHOWER CHAIR / TRANSFER BENCH

- QUAD CANE  SINGLE POINT CANE  BLIND CANE  SHOWER CHAIR  COMMODE  BARIATRIC COMMODE  
 TRANSFER BENCH  BARIATRIC TRANSFER BENCH

#### WALKER: FRONT WHEEL WALKER BARIATRIC FRONT WHEEL WALKER HEMI WALKER KNEE WALKER

- 4 WHEEL WALKER WITH SEAT (ROLLATOR)  BARIATRIC 4 WHEEL WALKER WITH SEAT  PLATFORM WALKER

#### WHEELCHAIR: STANDARD WHEELCHAIR LIGHT WEIGHT WHEELCHAIR ULTRA LIGHT WEIGHT WHEELCHAIR

#### WHEELCHAIR ACCESSORIES ANTI-TIPPER ELEVATING LEG REST SEAT-BELT BRAKE EXTENSION CUSHIONS (S-B)

#### HOSPITAL BED: SEMI ELECTRIC BED FULL ELECTRIC BED BARIATRIC BED HALF RAIL FULL RAIL

- GEL OVERLAY  LOW AIRLOSS MATTRESS  HOYER LIFT  TRAPEZE BAR  BARIATRIC TRAPEZE BAR

#### POWER MOBILITY: POWER WHEEL CHAIR BARIATRIC POWER WHEEL CHAIR 4 WHEEL SCOOTER 3 WHEEL SCOOTER

*\*All POWER MOBILITY ORDER REQUIRED A FACE TO FACE EVALUATION REPORT TO VERIFY MEDICAL NECESSITY*

#### POWER MOBILITY REPAIR: MOTORIZED WHEELCHAIR / SCOOTER REPAIR SERVICE

#### DIABETIC SUPPLIES: DIABETIC SHOE GLUCOSE MONITOR LANCET/TEST STRIPS REFILL PER MONTH

*\*\*MEDICAL GUIDELINES IDD 100 STRIPS & LANCETS QUARTERLY*

#### RESPIRATORY DEVICE: CPAP DEVICE BIPAP DEVICE NEBULIZER SUPPLIES: \_\_\_\_\_

*\*\* ALL RESPIRATORY THERAPY EQUIPMENT REQUIRED SLEEP STUDY REPORT TO VERIFY MEDICAL NECESSITY*

Length Of Need \_\_\_\_\_ (99 Months = Lifetime)

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

Date: \_\_\_\_\_