Citizens Pharmacy
Flowery Branch, Georgia

DETAILED WRITTEN ORDER

Date of Order: _____

Patient Name: _____ **Date of Birth:** _____

Height: _____ **Weight:** _____ **kg / lbs** **Length of Need (99 = lifetime):** _____

Diagnosis: _____

PLEASE ATTACH PATIENT DEMOGRAPHIC, MOST RECENT CHART NOTES & COPY OF INSURANCE INFORMATION

Please check the appropriate box beside each piece of equipment ordered:

DURABLE MEDICAL EQUIPMENT

- ❒ Abdominal Binder (A4466)
- ❒ Adult w/ Wheels (E0143)
- ❒ Air Ankle Walking Boot (L4387)
- ❒ Ankle Brace (L1810)
- ❒ Ankle Walking Boot (L4387)
- ❒ Bedside Commode (E0168)
- ❒ CPAP device (E0601)
- ❒ CPAP Tubing (A7037)
- ❒ Crutches (E0114)
- ❒ DDS Belt (L0631)
- ❒ Diabetic Shoes (A5500)
- ❒ Drop Arm Commode (E0165)
- ❒ Full Face Mask (A7030)
- ❒ HD Bedside Commode (E0168)
- ❒ HD Drop Arm Commode (E0165)
- ❒ HD Rollator (E0143/E0156)
- ❒ Heat Moldable Inserts (A5572)
- ❒ Heated Humidifier (E0562)
- ❒ Heavy Duty w/ Wheels (E0149)
- ❒ Hemi (E0135)
- ❒ Hernia Belt (L8300)
- ❒ Hinged Knee Brace (L1810)
- ❒ Junior w/ Wheels (E0143)
- ❒ Knee Walker (E0118)
- ❒ Locking Knee Brace (L1832)
- ❒ Lumbar Brace (L0626)
- ❒ Nasal Pillows (A7034)
- ❒ Nebulizer Compressor (E0570)
- ❒ Nebulizer Kits (dispo.A7003, reuse.A7005)
- ❒ Nebulizer Mask (A7015)
- ❒ Non-heated Humidifier (E0561)
- ❒ Patient Lift (E0630)
- ❒ Plantar Fascitis Night Splint (L4396)
- ❒ Platform Attachment L/R (E0154)
- ❒ Quad Cane (E0105)
- ❒ Rollator (E0143/E0156)
- ❒ Straight Cane (E0100)
- ❒ Tall/Leg Extensions (E0158)
- ❒ Thumb Spica Wrist Splint (L3908)
- ❒ Wrist Brace (L3908)

WHEELCHAIRS

Wheelchair Size_____	Wheelchair Accessories	
❒ Standard (K0001) up to 250lbs.	❒ Anti-Tippers (E0971)	❒ Safety Belt (E0978)
❒ Lightweight (K0003) up to 250lbs.	❒ Back Cushion (E2611)	❒ Seat Cushion (E2601)
❒ Heavy Duty (K0006) up to 350lbs.	❒ Brake Extensions (E0961)	❒ Transfer Board (E0705)
❒ Extra Heavy Duty (K0007)	❒ Elevating Leg Rest (K0195)	

HOSPITAL BEDS

Hospital Beds	Mattress & Overlays	Accessories
❒ Manual (E0255)	❒ Alternating Pressure Pad (E0181)	❒ Patient Lift (E0630)
❒ Semi-Electric (E0260)	❒ Gel Overlay (E0185)	❒ Trapeze Bar (E0910)
❒ Full Electric (E0265)	❒ Inner Spring Mattress (E0271)	
❒ Heavy Duty (E0303)	❒ Therapeutic Foam Mattress (E0184)	

OTHER ITEMS

Physician Name: _____ **NPI #:** _____

Physician Signature: _____ **Date:** _____

As the ordering physician, I attest to the evaluation, assessment, treatment, and follow-up in relation to both the patient and prescribed equipment above.

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