



NAME OF FACILITY: _____
REFERRAL CONTACT: _____ PHONE: _____

Account Executive - Ashley Kemp; Phone (704) 564-6982; Office (704) 846-7503; Fax (704) 846-7911

General Equipment Detailed Written Order Prior to Delivery (DWOPD)

PATIENT'S NAME: _____ PHONE: _____

PATIENT'S HEIGHT: _____ WEIGHT: _____ DATE OF BIRTH: _____

SNF/REHAB/HOSPITAL DISCHARGE DATE: _____

PRIMARY CARE PHYSICIAN'S NAME: _____

DIAGNOSIS: _____

EQUIPMENT NEEDED: (check items)

The items listed below DO NOT require office visit notes, but require a physician's VERBAL or SIGNED order prior to delivery.

- SINGLE POINT CANE
- WALKER
- ROLLATOR (walker with wheels and seat)
- CRUTCHES
- RAISED TOILET SEAT
- TRANSFER BENCH
- SHOWER CHAIR (seat with back support)
- COMPRESSION HOSE _____ MMHG
- QUAD CANE - BASE SIZE: S L
- WALKER WITH WHEELS
- HEMI WALKER
- PLATFORM ATTACHMENT (check one below):
 R L Bilateral
- LEG EXTENSTIONS FOR WALKER (SET OF 4)
(FOR PATIENTS 6' OR TALLER.)
- TRANSFER BOARD: 24" 30"

The items listed below REQUIRE office visit notes & a physician's VERBAL or SIGNED order prior to delivery.

- BEDSIDE COMMODE
- TRAPEZE BAR
- POWER WHEELCHAIR
- PT OR OT TO EVALUATE & TREAT FOR MOBILITY NEEDS (Choose One):
 HOME HEALTH OR SEATING CLINIC
- DROP ARM COMMODE
- SCOOTER

The items listed below REQUIRE office visit notes & a physician's SIGNED order prior to delivery.

- DRY PRESSURE MATTRESS
- PATIENT LIFT, HYDRAULIC OR MECHANICAL, INCLUDES SLING
- POWERED PRESSURE-REDUCING AIR MATTRESS (LOW AIR LOSS MATTRESS)
of ulcers: _____; stage(s) of ulcers: _____
- SEMI ELECTRIC HOSPITAL BED WITH: (Choose one option):
 MATTRESS & SIDE RAILS NO MATTRESS & SIDE RAILS
 MATTRESS & NO SIDE RAILS NO MATTRESS & NO SIDE RAILS
- SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM
(LIFT CHAIR)

Name of Referring Physician (Print): _____ Length of Need: _____

Physician's Signature: _____

(if not available, must have verbal order or doctor's order)

NPI: _____ Start/Date of Order*: _____

SUBSTITUTION PERMITTED TO PROVIDE A QUALIFYING SERVICE.

* - MUST have start/date of order