

Account Executive - Adrian Johnson; Phone (704) 698-5296; Office (704) 846-7503; Fax (704) 846-7911

**Manual Wheelchair 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: _____													
<i>The items listed below REQUIRE office visit notes &amp; a physician's SIGNED order prior to delivery.</i>													
<p><b>Please check one:</b></p> <input type="checkbox"/> STANDARD WHEELCHAIR (K0001) <input type="checkbox"/> STANDARD HEMI WHEELCHAIR (K0002) <input type="checkbox"/> LIGHTWEIGHT WHEELCHAIR (K0003) <input type="checkbox"/> HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR (K0004) <input type="checkbox"/> ULTRA LIGHTWEIGHT WHEELCHAIR (K0005) <input type="checkbox"/> HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS BETWEEN 251-300LBS) (K0006) <input type="checkbox"/> EXTRA HEAVY DUTY WHEELCHAIR (PATIENT'S WEIGHT IS OVER 301LBS) (K0007) <input type="checkbox"/> TRANSPORT CHAIR	<p><b>Seat Size:</b>                  Width: _____ Depth: _____                  Seat to Floor: _____</p>												
<p><b>Usual and Customary Manual Wheelchair Accessories</b> - Please check all that apply and justify in your patient notes</p> <p><b>SEAT AND BACK CUSHIONS:</b></p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> GENERAL USE SEAT CUSHION (E2601)</td> <td><input type="checkbox"/> SKIN PROTECTION &amp; POSITIONING SEAT CUSHION (E2607)</td> </tr> <tr> <td><input type="checkbox"/> GENERAL USE SEAT CUSHION WIDTH 22" OR GREATER (E2602)</td> <td><input type="checkbox"/> SKIN PROTECTION &amp; POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2608)</td> </tr> <tr> <td><input type="checkbox"/> SKIN PROTECTION SEAT CUSHION (E2603)</td> <td><input type="checkbox"/> SKIN PROTECTION SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22" (E2622)</td> </tr> <tr> <td><input type="checkbox"/> SKIN PROTECTION SEAT CUSHION WIDTH 22" OR GREATER (E2604)</td> <td><input type="checkbox"/> SKIN PROTECTION &amp; POSITIONING SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22" (E2624)</td> </tr> <tr> <td><input type="checkbox"/> POSITIONING SEAT CUSHION (E2605)</td> <td><input type="checkbox"/> GENERAL USE BACK CUSHION (E2611)</td> </tr> <tr> <td><input type="checkbox"/> POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2606)</td> <td><input type="checkbox"/> GENERAL USE BACK CUSHION WIDTH 22" OR GREATER (E2612)</td> </tr> </table>		<input type="checkbox"/> GENERAL USE SEAT CUSHION (E2601)	<input type="checkbox"/> SKIN PROTECTION & POSITIONING SEAT CUSHION (E2607)	<input type="checkbox"/> GENERAL USE SEAT CUSHION WIDTH 22" OR GREATER (E2602)	<input type="checkbox"/> SKIN PROTECTION & POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2608)	<input type="checkbox"/> SKIN PROTECTION SEAT CUSHION (E2603)	<input type="checkbox"/> SKIN PROTECTION SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22" (E2622)	<input type="checkbox"/> SKIN PROTECTION SEAT CUSHION WIDTH 22" OR GREATER (E2604)	<input type="checkbox"/> SKIN PROTECTION & POSITIONING SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22" (E2624)	<input type="checkbox"/> POSITIONING SEAT CUSHION (E2605)	<input type="checkbox"/> GENERAL USE BACK CUSHION (E2611)	<input type="checkbox"/> POSITIONING SEAT CUSHION WIDTH 22" OR GREATER (E2606)	<input type="checkbox"/> GENERAL USE BACK CUSHION WIDTH 22" OR GREATER (E2612)
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<p><b>Basic Accessories</b></p> <input type="checkbox"/> ADJUSTABLE HEIGHT ARMS -LENGTH: DESK FULL <input type="checkbox"/> ANTI-TIPPERS <input type="checkbox"/> HEEL LOOPS (BASIC FOOTREST) <input type="checkbox"/> WHEEL LOCK (BRAKE) EXTENSIONS <input type="checkbox"/> SEAT TO FLOOR HEIGHT LESS THAN 17" OR GREATER THAN 21" (K0056) <input type="checkbox"/> SEAT DEPTH 20", BUT LESS THAN 22" (E2203) <input type="checkbox"/> SEAT DEPTH 22" - 25" (E2204)	<p><b>Additional Accessories</b></p> <input type="checkbox"/> ARM TRAY - HALF FULL (with HARDWARE) <input type="checkbox"/> ARM TROUGH - R L BOTH (with HARDWARE) <input type="checkbox"/> ARTICULATING ELEVATING LEG RESTS - R L BOTH <input type="checkbox"/> ELEVATING LEG REST - R L BOTH <input type="checkbox"/> RECLINING BACK, FULLY MANUAL, with ELEVATING LEG RESTS <input type="checkbox"/> SAFETY BELT <input type="checkbox"/> SEAT WIDTH ≥ 20", BUT LESS THAN 24" (E2201) <input type="checkbox"/> SEAT WIDTH 24"-27" (E2202) <input type="checkbox"/> STUMP PAD/RESIDUAL LIMB SUPPORT - R L BOTH												

***Per Medicare guidelines, each item checked above  
 MUST be justified in your face-to-face notes.***

Physician's Printed Name: \_\_\_\_\_ Length of Need: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

NPI# \_\_\_\_\_ Start/Date of Order\*: \_\_\_\_\_

Co-signing Physician may use billing code G0454 for cosigning face-to-face documentation.

SUBSTITUTION PERMITTED TO PROVIDE QUALIFYING SERVICE

\* - MUST have start/date of order