

Order Date	Height Weight
Doctor's Name	FAX THIS FORM TO:
NPI #	(800) 438-2048
Patient's Name	
CONTINUOUS GLUCOSE MONITOR (CGM)	WALKER/COMMODE:
FreeStyle Dexcom CGM Reader (E2103) Sensor for CGM (A4239) Length of need: Refills:	If your patient requires a different type, please contact us at: (800) 977-3002 Walker w/wheels (E0143) HD Walker (E0149) Walker accessories: Seat attachment (E0156) Platform Attachment (E0154) Leg extension (E0158) Commode Bedside Commode
BRACES/TENS:	WHEELCHAIR:
Neck Vista MP Neck Brace (L0180) TENS device w/4 leads Shoulder Shoulder Elbow Wrist Hand Orthosis (L3960) Back Aspen Vista 464 TLSO (L0464) Aspen OTS 650 LSO (L0650) Aspen Vista 648 TLSO (L0648)	1. Choose a wheelchair base: Standard Wheelchair Hemi-height (Low Seat) Wheelchair Transport Wheelchair Heavy Duty Wheelchair 2. Add accessories (optional): Standard foot rests Seat cushion Elevating leg rests Anti-tip back device (x2) Back cushion Wheel lock extension (x2)
Other:	BARTON CHAIR/BEDS (Patient Transfer System)
Wrist Hand Finger Orthosis (WHFO), without joints Left Right Bilateral (x2) Knee CK-111 Hinged Knee Support Brace (L1833) Left Right Bilateral (x2)	Multi-positional patient transfer system with integrated seat <300 pounds (E1035) Heavy Duty Multi-positional patient transfer system with integrated seat >300 pounds (E1036) Hospital Bed Hospital bed, fixed height, with any type side rails, with mattress (E0250) Hospital bed, heavy duty, extra wide, weight capacity >300# and <600# with rails and mattress (E0303)
I Certify that a face to face evaluation was performed within 6 months of the date of this prescription.	For Office Use
Dr. Signature	Date of Signature