



6550 N Hamlin Ave Lincolnwood, IL 60712 Phone: 847-480-9390 Fax: 847-480-9394

## Detailed Written Order or Certificate of Medical Necessity

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ lbs

Medicaid #: \_\_\_\_\_ Medicare #: \_\_\_\_\_

### The following equipment is needed by the patient as a medical necessity:

- Rollator (E0143/E0156 folding, wheeled, adjust. or fixed height with seat attachment)
- Walker (E0143-folding, wheeled, adjust. or fixed height)
- Walker (E0135-folding, adjust. or fixed height)
- Heavy Duty Walker - over 300 lbs (E0148, E0149)
- Cane (E0100 any material, adjustable or fixed with tip)
- Cane (E0105 any material, quad or three prong, adj/fixed)

**Order Date:** \_\_\_\_\_ **Length of Need:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

### Physician Information

Physician Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

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