

# SHIELDS HOME MEDICAL



623 W. MAIN STREET WALNUT RIDGE, ARKANSAS 72476

T: 870.886.2002 F: 870.886.1863

PATIENT NAME: _____ DOB: ___ / ___ / ___ ORDER START DATE: _____		
PRIMARY CARE PHYSICIAN: _____		LENGTH OF NEED: _____ (99= LIFETIME)
DIAGNOSES: _____		HT: _____ WT: _____
<p><b>AMBULATION DEVICE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0114 CRUTCHES (YTH OR ADULT)</li> <li><input type="checkbox"/> E0100 CANE (STRAIGHT)</li> <li><input type="checkbox"/> E0105 QUAD CANE</li> <li><input type="checkbox"/> E0143 WALKER, 2 WHEELS NO SEAT</li> <li><input type="checkbox"/> E1058 LEG EXTENSION (72" ^)</li> <li><input type="checkbox"/> E0156 WALKER, 4 WHEELS</li> <li><input type="checkbox"/> E0143 WALKER SEAT</li> <li><input type="checkbox"/> E0154 PLATFORM ATTACHMENT</li> <li><input type="checkbox"/> E0972 TRANSFER BOARD</li> <li><input type="checkbox"/> HEAVY DUTY (&gt;300 LBS)</li> </ul> <p><b>WHEELCHAIRS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> K0001 MANUAL, STANDARD</li> <li><input type="checkbox"/> K0004 LIGHTWEIGHT</li> <li><input type="checkbox"/> K0006 HEAVY DUTY (&gt;250 LBS)</li> <li><input type="checkbox"/> E1038 TRANSPORT</li> <li><input type="checkbox"/> E0139 TRANSPORT (&gt;250 LBS)</li> <li><input type="checkbox"/> E0990 ELE LEG REST (R, L, OR BOTH)</li> <li><input type="checkbox"/> E2201 SEAT FRAME (20-24")</li> <li><input type="checkbox"/> E2202 SEAT FRAME (24-26")</li> <li><input type="checkbox"/> E2611 BACK CUSHION (&lt;22")</li> <li><input type="checkbox"/> E2612 BACK CUSHION (&gt;22")</li> <li><input type="checkbox"/> E2601 SEAT CUSHION (&lt;22")</li> <li><input type="checkbox"/> E2622 ADJ/SKIN PROTECT CUSHION</li> <li><input type="checkbox"/> E2623 ADJ/SKIN PROTECT CUSHION</li> </ul> <p><b>TRACH SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A4625 NEW CARE KITS (1/DAY)</li> <li><input type="checkbox"/> A4629 EST CARE KITS (1/DAY)</li> <li><input type="checkbox"/> A4623 INNER CANNULA (2/DAY)</li> <li><input type="checkbox"/> A7526 TRACH TIES (1/DAY)</li> <li><input type="checkbox"/> A7507 HMEs (2/DAY)</li> <li><input type="checkbox"/> A7520 TRACH TUBE (1/3MTHS)</li> <li><input type="checkbox"/> L8501 PASSY-MUIR VALVE (1/MTH)</li> </ul> <p><b>COUGH ASSIST DEVICE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0482 COUGH ASSIST DEVICE</li> <li><input type="checkbox"/> A7000 COUGH ASSIST CIRCUIT</li> </ul>	<p><b>PROSTHETICS/ORTHOTICS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> L3908 WRIST BRACE</li> <li><input type="checkbox"/> L3807 THUMB SPICA SPLINT</li> <li><input type="checkbox"/> L0648 LSO BACK BRACE</li> <li><input type="checkbox"/> L0625 LUMBAR-SACRAL SUPPORT</li> <li><input type="checkbox"/> L1820 HINGED KNEE BRACE</li> <li><input type="checkbox"/> L1830 KNEE IMMOBILIZER</li> <li><input type="checkbox"/> L1851 OFF-LOADING KNEE BRACE (OSTEOARTHRITIS/KNEE PAIN)</li> <li><input type="checkbox"/> L4360 CAM BOOT (SHORT/TALL)</li> <li><input type="checkbox"/> L1902 ANKLE LACE-UP BRACE</li> <li><input type="checkbox"/> L4350 ANKLE STIRRUP BRAC E</li> <li><input type="checkbox"/> L0174 UNIVERIVAL CERVICAL COLLAR</li> <li><input type="checkbox"/> L3670 SHOULDER SLING</li> </ul> <p><b>OXYGEN</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> L1390 STATIONARY OXYGEN CONCENTRATOR @ ___ LPM CONTINUOUS VIA _____ (NASAL CANNULA/MASK), O2 TANK WITH CONSERVING DEVICE FOR BACKUP</li> <li><input type="checkbox"/> E0431 PORTABLE GASEOUS TANKS @ ___ LPM, CONTINUOUS WITH CONSERVING DEVICE VIA _____ (NASAL CANNULA/MASK)</li> <li><input type="checkbox"/> E1392 PORTABLE OXYGEN CON-CENTRATOR @ ___ LPM</li> </ul> <p><b>SUCTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0600 SUCTION PUMP</li> <li><input type="checkbox"/> A4605 SUCTION CATHETERS (3/DAY)</li> <li><input type="checkbox"/> A7002 6' TUBING</li> <li><input type="checkbox"/> A7000 CANISTER WITH LID</li> <li><input type="checkbox"/> A4628 YANKAUER BULB TIP (3/WK)</li> <li><input type="checkbox"/> A4217 STERILE WATER, 500 ML</li> </ul>	<p><b>BATH EQUIPMENT (MCD ONLY)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0247 TUB TRANSFER BENCH</li> <li><input type="checkbox"/> E0248 HEAVY DUTY TRANSFER BENCH</li> <li><input type="checkbox"/> E0240 SHOWER CHAIR WITH BACK</li> <li><input type="checkbox"/> HAND HELD SHOWER HOSE</li> <li><input type="checkbox"/> E0241 GRAB BARS 12", 16" OR 18" (Q=1 2 3)</li> <li><input type="checkbox"/> INCONTINENT SUPPLIES: PULL-UPS, BLADDER PADS, BED PADS, &amp; GLOVES</li> <li><input type="checkbox"/> E0246 TUB TAIL</li> </ul> <p><b>BEDSIDE COMMODE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0163 STANDARD</li> <li><input type="checkbox"/> E0168 HEAVY DUTY (&gt;300 LBS)</li> </ul> <p><b>HOSPITAL BED &amp; ACCESSORTIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0261 SEMI-ELECTRIC BED WITH RAILS</li> <li><input type="checkbox"/> E0303 SEMI-ELECTRIC PKG (&gt;350)</li> <li><input type="checkbox"/> E0272 FOAM BED MATTRESS</li> <li><input type="checkbox"/> E0181 ALTERNATING PRESSURE PAD</li> <li><input type="checkbox"/> E0185 GEL OVERLAY PAD</li> <li><input type="checkbox"/> E0277 ALTERNATING PRESSURE MATTRESS</li> <li><input type="checkbox"/> E0910 TRAPEZE (ATTACHED)</li> <li><input type="checkbox"/> E0940 FREE STANDING TRAPEZE</li> </ul> <p><b>CATHETERS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A4351 INTERMITTENT, STRAIGHT-TIP, _____ FRENCH. ___X/DAY, _____ CATH/MTH</li> <li><input type="checkbox"/> A4340 INDWELLING, COUDE-TIP, _____ FRENCH. ___CATHS/MTH</li> <li><input type="checkbox"/> LUBICRATING JELLY</li> <li><input type="checkbox"/> A4357 DRAINAGE BAG (2/MTH)</li> <li><input type="checkbox"/> A4358 LEG BAG (2/MTH)</li> </ul> <p><b>NEBULIZER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> E0570 COMPRESSOR</li> <li><input type="checkbox"/> A7003 NEB KIT DISPOSABLE (2/MTH)</li> <li><input type="checkbox"/> A7005 NEB KIT REUSABLE (1/6MTH)</li> </ul>
<input type="checkbox"/> <b>OTHER:</b> _____		

ORDERING PHYSICIAN'S SIGNATURE: \_\_\_\_\_ NPI: \_\_\_\_\_ DATE: \_\_\_\_\_