Piedmont Medical SOLUTIONS

2255 Lewisville Clemmons Rd.
Suite F
Clemmons, NC 27012

Office: 336-602-1668 Fax: 866-211-2286

Patient Information

Patient Name: _____ Date of Order: ___/___/_____

Patient Phone Number: (____) _____ Date of Birth: ___/___/_____

Diagnosis(s): _____

ICD10 Code(s): _____

Manual Wheelchairs **Height - _____** **Weight - _____**

- ☐ **K0001 – Standard Wheelchair**
- ☐ **K0002 – Standard Hemi (Low Seat) Wheelchair**
- ☐ **K0003 – Lightweight Wheelchair**
- ☐ **K0004 – High Strength, Light Weight Wheelchair**
- ☐ **K0006 – Heavy Duty Wheelchair (> 250 lbs.)**
- ☐ **K0007 – Extra Heavy Duty Wheelchair (> 300 lbs.)**
- ☐ **E1037 – Pediatric Transport Chair**
- ☐ **E1038 –Transport Chair**
- ☐ **E1039 – Heavy Duty Transport Chair (> 300 lbs.)**

Accessories

- ☐ **E2601 – General Use Cushion (< 22 inches)**
- ☐ **E2602 – General Use Cushion (> or = to 22 inches)**
- ☐ **E2611 – General Use Back Cushion (< 22 inches)**
- ☐ **E2612 – General Use Back Cushion (> or = to 22 “)**
- ☐ **E0973 – Detachable Ht. Adjust. Arms (Bilateral)**
- ☐ **E0961 – Wheel Lock Brake Extensions (circle one)**
  Right Left Bilateral
- ☐ **K0195 – Elevating Leg Rests (pair)**
- ☐ **E0978 – Seat Belt**
- ☐ **E0951 – Heel Loops (Bilateral)**
- ☐ **E0971 – Anti-Tippers (Bilateral)**
- ☐ **E0705 – Transfer Board**
- ☐ **E2201 - Seat Width (20 to 23”)**
- ☐ **E2202 – Seat Width (24 to 27”)**
- ☐ **E2203 – Seat Depth (20 to 22 “)**
- ☐ **E2204 – Seat Depth (22 to 25 “)**

☐ **OTHER** _____

Start Date: ___/___/_____ (Fitting and delivery to patient expected within 2 weeks of this date.)

I certify that the items listed above are medically necessary for the treatment of the patient for the above condition.

Physician Name **(Print)**:_____ Phone #: (____) _____

Physician Signature: _____ Date: _____ /_____ /_____

Physician NPI: _____

Fax this form to 866-211-2286 with the following: 1. Clinical notes with diagnosis 2. Patient demographics 3. Copy of patient insurance card

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