



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

2255 Lewisville Clemmons Rd.  
Suite F  
Clemmons, NC 27012

### Patient Information

Patient Name: \_\_\_\_\_ Date of Order: \_\_\_/\_\_\_/\_\_\_\_\_

Patient Phone Number: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Diagnosis(s): \_\_\_\_\_

ICD10 Code(s): \_\_\_\_\_

#### Compact Power Scooter

Height - \_\_\_\_\_ Weight - \_\_\_\_\_

- K0800 – 3-Wheel – 300 lb weight capacity (total weight 85 lbs)
- K0800 – 4-Wheel – 300 lb weight capacity (total weight 94 lbs)
- K0801 – 3-Wheel - Heavy Duty – 400 lb weight capacity (total weight 115 lbs)
- K0801 – 4-Wheel – Heavy Duty – 400 lb weight capacity (total weight 129 lbs)

#### Full-Size Power Scooter

Height - \_\_\_\_\_ Weight - \_\_\_\_\_

- K0807 – 3-Wheel – 350 lb weight capacity (total weight 142 lbs)
- K0807 – 4-Wheel – 350 lb weight capacity (total weight 153 lbs)

#### Very Heavy Duty Power Scooter

Height - \_\_\_\_\_ Weight - \_\_\_\_\_

- K0802 – 3-Wheel – 500 lb weight capacity (total weight 171 lbs)

#### Parts

- E2365 – Replacement Battery

Start Date: \_\_\_/\_\_\_/\_\_\_\_\_ (Only if different from Order 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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