

# A TO Z MEDICAL EQUIPMENT & SUPPLIES

## MEDICAL EQUIPMENT PRESCRIPTION

Please send completed form along with patient's face sheet.

PHONE: (214) 349 - 2869 | FAX: (214) 349 - 2871

Revised

EMAIL: [ORDERS@ATOZWHEELCHAIRS.COM](mailto:ORDERS@ATOZWHEELCHAIRS.COM)

### REFERRAL INFORMATION

Facility \_\_\_\_\_ Patient \_\_\_\_\_ Height \_\_\_\_\_  
Facility Contact \_\_\_\_\_ \* DX ICD-10 \_\_\_\_\_ Weight \_\_\_\_\_  
Order Confirmation: Text / Email \_\_\_\_\_ Discharge Date \_\_\_\_\_ Sex \_\_\_\_\_  
Delivery Contact Cell Number \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
Primary Insurance: \_\_\_\_\_ ID # \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_ ID# \_\_\_\_\_

### COMPLEX TILT/RECLINE POWER MOBILITY DEVICES

- K0835/K0836 Single Power - Group 2 (Under 300 Lbs.)  
 K0856/K0857 Single Power - Group 3 (Under 300 Lbs.)  
 K0858 HD Single Power - Group 3 (301 Lbs. - 450 Lbs.)  
 K0861 Multiple Power - Group 3 (Under 300 Lbs.)  
 K0862 HD Multiple Power - Group 3 (301 Lbs. - 450 Lbs.)  
 K0863 VHD Multi-Power - Group 3 (401 Lbs. - 600 Lbs.)
- Pan Seat Option  
 Oxygen Holder  
 Tilt & Recline  
 Power Elevating Seat
- Cushions:**  
 Cushions Seat / Back\*  
 Adjustable Skin Protection Cushion / Back\*\*  
 Roho Cushion / Back\*\*

**Seat Width:**

16"  18"

**Non Standard Width:**

20"  22"  24"

26"  28"  30"

**Seat Depth:**  16"  18"

**Hemi Height:**  17"

\* Check Box For Both or Circle One \*\* Patient must have at least history of a stage I sacral wound, Alzheimers, Parkinsons, Paralysis or Plegia to qualify.

### STANDARD MANUAL WHEELCHAIRS

- Lightweight (K0003)  
 Standard (K0001)  
 Heavy Duty (251+ Lbs.)  
 Extra Heavy Duty (301+ Lbs.)  
 High Back Recliner  
 Transport Chair
- Elevating Leg Rests  
 Height Adjustable Arms  
 Brake Extenders  
 Seat belt  
 Rear Anti-Tippers
- Standard Foot Rests  
 Oxygen Holder  
 Swing Away Arm Trough:  
 Rt  Lt  
 Amputee Rest:  
 Rt  Lt  Aka  Bka
- Cushions:**  
 Cushions Seat / Back\*  
 Adjustable Skin Protection Cushion / Back\*\*  
 Roho Cushion / Back\*\*

**Seat Width:**

16"  18"

**Non Standard Width:**

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26"  28"  30"

**Seat Depth:**  16"  18"

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### STANDARD POWER MOBILITY DEVICES

- K0823 Standard Powerchair (Under 300 Lbs.)  
 K0825 Heavy Duty Powerchair (301 Lbs. - 450 Lbs.)  
 K0827 Extra Heavy Duty Powerchair (451 Lbs. - 600 Lbs.)  
 K0829 Extra Heavy Duty Powerchair (+600 Lbs.)  
 K0800 Standard Power Scooter (Under 300 Lbs.)  
 K0801 Heavy Duty Power Scooter (301 Lbs. - 450 Lbs.)
- Pan Seat Option  
 Oxygen Holder  
 Swing Away Arm:  
 Rt  Lt  
 Amputee Rest:  
 Rt  Lt  Aka  Bka
- Cushions:**  
 Cushions Seat / Back\*  
 Adjustable Skin Protection Cushion / Back\*\*  
 Roho Cushion / Back\*\*

**Seat Width:**

16"  18"

**Non Standard Width:**

20"  22"  24"

26"  28"  30"

**Seat Depth:**  16"  18"

**Hemi Height:**  17"

\* Check Box For Both or Circle One \*\* Patient must have at least history of a stage I sacral wound, Alzheimers, Parkinsons, Paralysis or Plegia to qualify.

Physician's Signature: \_\_\_\_\_ Length of Need (1-99 Months) \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ NPI \_\_\_\_\_ Date: \_\_\_\_\_