



Written Order
Walkers & Canes

Phone: 586-778-2500
Fax: 866-565-5190

Per Medicare requirements, a SIGNED PHYSICIAN'S ORDER is required.

Please answer all questions below and return to Renaissance Medical. In addition, please make sure a signed copy is kept in your patient's file.

Patient Full Name: _____ Date of Birth: ____/____/____

Address City/St/Zip: _____

Medicare # _____ Other Ins Type & # _____

Referring Facility: _____ Contact Name: _____ Phone: _____

Deliver To: [] Facility [] Home Req Delivery Date: _____ Approx Time: _____ Discharge Date: _____

Length of Need (Months) (99=Lifetime): _____ Height: _____ Weight: _____

Diagnosis(es) that qualify the need of item delivered: _____

Size: [] Junior [] Adult [] Tall

WALKERS/ROLLATORS/ACCESSORIES

- [] Standard (E0135)
[] 2 Wheeled (E0143)
[] Rollator (E0143) & (E0156)
[] ATA (E0143) & (E0156)
[] Platform Attachment (E0154) [] Left [] Right

Heavy Duty - Patient Weight Greater Than 300#

- [] Heavy Duty (E0148)
[] Heavy Duty 2 Wheeled (E0149)
[] Heavy Duty Rollator (E0149 & E0156)

CANES: [] Single Prong Cane (E0100) [] Quad Cane - Small Base (E0105) [] Quad Cane Large Base (E0105) [] Crutches Pair (E0114)

Requirements for Equipment

WALKER

- [] Patient has a mobility limitation that significantly impairs ability to participate MRADLS
[] Patient able to safely use the walker
[] Patient's functional mobility deficit is sufficiently resolved with the use of the walker
RX: If done prior to delivery...Do not need CMN

[] Heavy Duty: Must be OVER 300 lbs and must have patients weight documented

If patient requires a walker and wheelchair at the same time, the medical record must justify the need for both items: for example, patients' bathroom measurements does not accommodate wheelchair or: patient lives in assisted living and uses chair to go down for meals and entertainment

Ordering Physician, PA, or Nurse Practitioner Name (Please Print): _____

Ordering Physician, PA, or Nurse Practitioner Signature: _____ Date: ____/____/____

NPI: _____

Please Fax This Page with Patient Demographics To: 1•866•565•5190