

California Home Medical Equipment

Oxygen ♦ Respiratory Equipment ♦ Home Medical Equipment ♦ Custom/Power Rehab

Fax to (650) 931-8928 or Call (650) 357-8550

Website: www.chme.org / Email: orders@chme.org

Patient Information (Patient name and attach demographic information)

Patient's Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person for Delivery: _____ Phone: _____

Diagnosis: _____

Requested Documents (as pertained and REQUIRED)

☐ Insurance ☐ Clinical Note – MD/NP/PA/PT/OT/WOCN

*California Home Medical Equipment will verify insurance eligibility and obtain authorization.

**Heavy Duty / Bariatric equipment is based on patient's weight ONLY, per insurance guidelines.

WHEELCHAIR

- Wheelchair Seat Width – 16", 18", 20", 22", 24" **Heavy Duty starts at 20" (circle one)*
- ☐ Standard Wheelchair (19.5" ht; 250 lbs. max)
- ☐ Hemi Wheelchair (17.5" ht; 250 lbs. max)
- ☐ Heavy-Duty Wheelchair
- ☐ Lightweight Wheelchair
- *For patients who cannot self-propel Std WC*
- ☐ Super Hemi Wheelchair (15.5" ht; 250lbs. max)
- ☐ Transport Wheelchair – 17" or 19" (circle one)
- ☐ Evaluation for Custom/Power Wheelchair – Please send MD notes for medical justification
- Wheelchair Seat Depth – 16" or 18" (circle one)
- ☐ Cushion – Foam / Gel / Roho (circle one)
- Cushion Height: 2", 3", 4" (circle one)
- ☐ Elevating Leg Rests
- ☐ Seat Belt ☐ Anti-Tippers
- ☐ Slide Board – 24" or 30" (circle one)
- ☐ Lap Tray [L] [R] ☐ 1/2 ☐ Full
- ☐ Arm Trough [L] [R]

HOSPITAL BED

- ☐ Semi-Electric Hospital Bed ☐ 1/2 Rails
- ☐ Bariatric Hospital Bed ☐ Full Rails
- ☐ Trapeze, clamp-on
- ☐ Patient Lift (Hoyer) with sling - 1pc sling, 1pc sling w/commode opening, 2pc sling (circle one)

Support Surfaces (Medicare requires written order prior to delivery).

- ☐ APP (Alternating Pressure Pump and Pad)
- ☐ Gel Mattress overlay
- ☐ Low Air Loss Mattress (Multiple stage II's or either a stage 3 or 4 – on trunk side ONLY)

ADL DEVICE

- ☐ Single Point Cane ☐ Bedside Commode
- ☐ Quad Cane - Narrow Base or Wide Base (circle one) ☐ Drop Arm Commode
- ☐ Front Wheeled Walker - Jr. Adult or Adult (circle one) ☐ Tub Transfer Bench
- ☐ Platform - LT, RT, Both (circle one) ☐ Shower Chair with back or without back (circle one)
- ☐ Crutches - Youth, Adult, or Tall Adult (circle one) ☐ Raised Toilet Seat with or without arms (circle one)
- ☐ Forearm/Loftstrand Crutches - Youth, Adult, or Tall Adult (circle one)

Length of Need: _____ months (99 = Lifetime)

Physician Name: _____

Contact: _____

Address: _____

Phone: _____

NPI #: _____

Physician's Signature: _____

Date: _____