



DURABLE MEDICAL EQUIPMENT ORDER FORM

MISSION MEDICAL SUPPLY

4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594

NPI:1881825008

PHYSICIAN NAME:

ADDRESS:

CITY:

STATE:

ZIP:

LICENSE NO.

NPI NO.

PHONE:

FAX:

PATIENT NAME:

ADDRESS:

HOME PHONE:

CELL:

DOB:

MALE

FEMALE

HT:

WT:

MEDICARE NO.

MEDICAL NO.

PPO NO.

HMO NO.

ICD- 10 DIAGNOSIS CODE

- G30.9 - ALZHEIMER'S E11.9 - DIABETES E10.9 - IDDM E11.65 - NIDDM G20 - PARKINSON'S DISEASE
- F02.80 - DEMENTIA I70.90 - ASHD R27.0 - ATAXIA J45.902 - ASTHMA G11.4 - PARAPLEGIA
- M71.50 - BURSITIS R42 - DIZZINESS I50.9 - CHF G56.00 - CTS I73.9 - PVD I10 - HTN
- J44.9 - COPD J43.9 - EMPHYSEMA E45.9 - TIA R53.82 - FATIGUE R56.9 - CONVUSIONS
- I89.0 - LYMPHEDEMA R55 - SYNCOPE M54.5 - LOW BACK PAIN G56.00 - CTS G56.01 - CTS RIGHT
- M17.0 - DJB B/L KNEE G56.02 - CTS LEFT I87.2 - VENOUS INSUFF P96.0 - RENAL FAILURE
- M17.11 - DJB B/L RIGHT M17.12 - DJB B/L LEFT M81.0 - OSTEOPOROSIS M25.572 - PAIN JOINT LEFT ANKLE FOOT
- M25.579 - PAIN JOINT M25.571 - PAIN JOINT RIGHT ANKLE FOOT I83.009 - VARICOSE VEIN M62.81 - MUSCLE WEAKNESS
- OTHER:

DURABLE MEDICAL EQUIPMENT ORDER:

CANE: SINGLE POINT CANE QUAD CANE BLIND CANE

COMMODE / SHOWER CHAIR COMMUNE BARIATRIC COMMUNE SHOWER CHAIR

TRANSFER BENCH TRANSFER BENCH BARIATRIC TRANSFER BENCH

WALKER: FRONT WHEEL WALKER BARIATRIC FRONT WHEEL WALKER HEMI WALKER KNEE WALKER

4 WHEEL WALKER WITH SEAT (ROLLATOR) BARIATRIC 4 WHEEL WALKER WITH SEAT (HEAVY DUTY ROLLATOR)

WHEELCHAIR: MANUAL WHEELCHAIR BARIATRIC WHEELCHAIR RECLINING WHEELCHAIR TRANSPORT CHAIR

WHEELCHAIR CUSHION: SEAT & BACK CUSHION SEAT CUSHION ONLY BACK CUSHION ONLY

HOSPITAL BED: SEMI ELECTRIC BED FULL ELECTRIC BED BARIATRIC BED HALF RAIL FULL RAIL

GEL OVERLAY LOW AIRLOSS MATTRESS HOYER LIFT TRAPEZE BAR BARIATRIC TRAPEZE BAR

POWER MOBILITY: POWER WHEEL CHAIR BARIATRIC POWER WHEEL CHAIR 4 WHEEL SCOOTER 3 WHEEL SCOOTER

*ALL POWER MOBILITY ORDER REQUIRED A FACE TO FACE EVALUATION REPORT TO VERIFY MEDICAL NECESSITY

POWER MOBILITY REPAIR: MOTORIZED WHEELCHAIR / SCOOTER REPAIR SERVICE

DIABETIC SUPPLIES: DIABETIC SHOE GLUCOSE MONITOR LANCET/TEST STRIPS REFILL PER MONTH

**MEDICAL GUIDELINES IDD 100 STRIPS & LANCETS QUARTERLY

RESPIRATORY DEVICE: CPAP DEVICE BIPAP DEVICE NEBULIZER SUPPLIES: _____

** ALL RESPIRATORY THERAPY EQUIPMENT REQUIRED SLEEP STUDY REPORT TO VERIFY MEDICAL NECESSITY

Length Of Need _____ (99 Months = Lifetime)

Physician Signature: _____

Date: _____