

MEDEKAN ONLINE SERVICES

Adding Ease to Life

DME Detailed Written Order

Please fax the completed form to 713-583-7839

Patient Information

Name: _____ Phone: _____

DOB: _____ Height: _____ Weight: _____

Patient Face-to-Face Exam Date: _____

Length of Need: _____ months

Provider Information

Name: Medekan Online Services

Address: 2743 Smith Ranch Road, Ste 902A,
Pearland, TX 77584

Phone: (346)582-8336 | Fax: (713)583-7839

Chart notes indicating medical necessity for equipment orders are REQUIRED

Medicare requires that chart notes be cosigned by M.D. or D.O. if ordered by P.A., N.P., or C.N.S.

Diagnosis Information

ICD-10 Code: _____ Description: _____

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Ambulatory & Other Aids

- Walker
- Walker with Wheels
- Rollator with Seat and Handbrakes
- Crutches
- Quad Cane (Small Base)
- Quad Cane (Large Base)
- Single Point Cane
- Patient Lift
- Nebulizer Compressor
- Nebulizer Kit Qty: _____ Refills: _____
- Other: _____

Commodes

- Bedside Commode
- Drop Arm Commode

Commode Required Qualifying Questions:

- The beneficiary is confined to a single room, **or**
- The beneficiary is confined to one level of the home environment and there is no toilet on that level, **or**
- The beneficiary is confined to the home and there are no toilet facilities in the home

Hospital Beds & Manual Wheelchairs

Hospital Bed with Rails

- Semi-Electric Full-Electric Bariatric
- Standard Mattress
- Gel Mattress Overlay
- Low Air Loss Mattress
- Alternating Pressure Pad w/ Pump

Trapeze Bar:

- Free-Standing
- Attached

Manual Wheelchair with Swing-Away Footrests

- Standard/Hemi Lightweight Heavy-Duty Extra Heavy-Duty
- Width: 16" 18" 20" 22" 24"

Wheelchair Options (Check all that apply):

- Seat Cushion Back Cushion
- Anti-Tippers Elevating Leg Rests

Other Items

- Other: _____

Anticipated Date of Discharge/Date Needed

_____/_____/_____

Physician's Signature: _____ Date: _____

Physician Name: _____ NPI #: _____

Address: _____ Street _____ City _____ State _____ Zip _____

Phone #: _____ Fax #: _____

I, the undersigned, certify that the above prescribed equipment and/or supplies are reasonable and medically necessary as part of treatment for this patient. The need and medical necessity for the above listed equipment and/or supplies is documented in the patient's medical record and is available upon request.