

# UK DME Fax Order Form

740 S Limestone, K126 Lexington, KY 40536

**PATIENT INFORMATION**

Order Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**DME Fax Order Form**

Medicare has implemented the requirement for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item AND:

1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI 5) WOPD

**DURABLE MEDICAL EQUIPMENT**

Diagnosis (Include Code) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Length of Need \_\_\_\_\_

**\*\*\*Please note this is not an exhaustive list; for additional items, please use the Other DME section below\*\*\*****Ambulatory Devices:**

- ☐ Cane
- ☐ Crutches
- ☐ Quad cane
- ☐ Walker up to 300 lbs
- ☐ Wheels
  - ☐ 3 inches ☐ 5 inches
- ☐ Bariatric Walker 300-450 lbs
- ☐ Bariatric Walker with Wheels >350 lbs
- ☐ Junior Walker with Wheels
- ☐ Rollator with Seat and Wheels
- ☐ Bariatric Rollator with Seat and Wheels

**Walker/Rollator Special Order:**

- ☐ Walker/Rollator (Above 6' 2")

**Wheelchairs: (up to 250 lbs)**

- ☐ Standard
- ☐ Light Weight
- ☐ Bariatric Wheelchair 250-500 lbs
- ☐ Bariatric Transport Chair >300 lbs

**Wheelchair Accessories:**

- ☐ Elevating Leg Rests
- ☐ Footrest

**Respiratory:**

- ☐ Please Use Respiratory Order Form

**Aids to Daily Living:**

- ☐ Bedside Commode
- ☐ Drop Arm Commode
- ☐ Bariatric Commode
- ☐ Shower Chair
  - ☐ Back ☐ No Back

\*Medicaid only covers one without a back\*

- ☐ Tub Transfer Bench (not covered item)

**Wound Care:**

- ☐ Please Use Wound Care Order Form

**Ortho:**

- ☐ Please Use Orthopedic Order Form

Other DME Not Listed Above: \_\_\_\_\_

**PRESCRIBING PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**STATEMENT OF CONFIDENTIALITY**

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