



NORTHEAST MEDICAL PRODUCTS, INC
 520 Boston Post Rd
 Old Saybrook, CT 06475
 860-388-1437 F: 860-388-0368
 www.northeastmedicalproducts.com

TRAPEZE ORDER FORM

Patient Name _____ DOB _____

Address _____

Diagnosis codes: _____ Length of Need: _____

Height: _____ Weight: _____

Equipment ordered:

- _____ E0910 Trapeze bars A/K/A patient helper, attached to bed, with grab bar
- _____ E0940 Trapeze bar, free standing, complete with grab bar

Coverage Questions:

- Y N Does the patient need the trapeze bar to sit up due to a respiratory condition?
- Y N Does the patient need the trapeze bar in order to change body position?
- Y N Does the patient need the trapeze bar to get in or out of bed?

Physician Name _____

Address _____

Phone _____ Fax _____

NPI _____

 Physician Signature

 Date