



NORTHEAST MEDICAL PRODUCTS, INC
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CANES & CRUTCHES ORDER FORM

Equipment ordered:

- _____ E0100 Cane, adjustable or fixed, with tip
- _____ E0105 Quad Cane, adjustable
- _____ E0111 Forearm crutches, adjustable
- _____ E0114 Crutches, aluminum, adjustable, pair

Patient _____ DOB _____

Address _____ TEL: _____

Diagnosis codes _____

Patient Height _____ Patient Height _____

Length of Need: _____

Coverage questions:

- Y N Does the patient have a mobility limitation that significantly impairs his/her ability to participate in one or more mobility related activities of daily living (MRADL) in the home?
- Y N Can the patient safely use the cane or crutch?
- Y N Can the patient's functional mobility deficit be sufficiently resolved by use of a cane or crutch?

Physician Name _____ Phone _____

Address _____

Fax _____ NPI _____

Signature _____

Date _____