Northeast Medical Products, Inc

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An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

CANES & CRUTCHES PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

DOB _____ Diagnosis codes _____

Height _____ Weight _____ Length of Need _____

Alternate Contact Name _____ Relationship _____ Phone _____

Equipment ordered:

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

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 _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____
Physician Signature Date