Northeast Medical Products, Inc

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An Innova Medical Group Company

INNOVA MEDICAL PRODUCTS

TRAPEZE PRESCRIPTION FORM

Patient Name _____ Phone _____

Address _____

Email _____

Diagnosis codes _____ Length of Need _____

DOB _____ Ht _____ Wt _____

Alternate Contact Name _____ Relationship _____ Phone _____

Equipment ordered:

_____ 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 _____ NPI _____

Address _____

Phone _____ Fax _____

_____ _____

Physician Signature Date