



NORTHEAST MEDICAL PRODUCTS, INC
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www.northeastmedicalproducts.com

TRAPEZE ORDER FORM

Patient Name _____ TEL _____

Address _____

Diagnosis codes: _____ Length of Need: _____

DOB: _____ Ht: _____ Wt: _____

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 _____

Address _____

Phone _____ Fax _____

NPI _____

Physician Signature Date