

**PHYSICIAN ORDER - STANDARD OR LIGHTWEIGHT MANUAL WHEELCHAIR**

PATIENT NAME: \_\_\_\_\_

THE INFORMATION BELOW MAY NOT BE COMPLETED BY THE SUPPLIER OR ANYONE IN A FINANCIAL RELATIONSHIP WITH THE SUPPLIER.

ESTIMATED LENGTH OF NEED: \_\_\_\_\_ (LIFETIME = 99)

DIAGNOSIS CODES: \_\_\_\_\_

TYPE OF WHEELCHAIR ORDERED:  STANDARD K0001  LIGHTWEIGHT K0

ACCESSORIES WITH HCPCS CODE:  ANTI-TIPPERS E0971  EXTRA LONG HAN  
 PELVIC BELT E0978  ELEVATING LEG RESTS  DETACHABLE ARM  
E0990 QUANTITY ( ) ADJ HEIGHT E097

EXTRA WIDE SEAT FRAME GREATER THAN OR EQUAL TO 20 IN AND LESS TH/

OTHER: \_\_\_\_\_

- 1 Does the patient have a mobility limitation that significantly impairs their ability to perform on or more **MRADLs**? **MRADL = Mobility Related Activities of Daily Living** (I.e. toileting, feeding, dressing, grooming or bathing in customary areas within the home)  YES
- 2 Will this provision of a manual wheelchair significantly improve the patient's ability to perform **MRADLs**?  YES
- 3 Is there a **CONSISTENT CAREGIVER** available to assist the patient with the use of the manual wheelchair?  YES
- 4 Is the patient (or caregiver) willing to operate the wheelchair **SAFELY**?  YES
- 5 Can the mobility limitation be resolved with the use of an appropriately fitted **CANE** or **WALKER**?  YES
- 6 Does the patient **TYPICAL HOME ENVIRONMENT** support the use of a manual wheelchair?  YES
- 7 Does the patient have sufficient use of their **UPPER EXTREMITIES** to **SELF-PROPEL** a manual wheelchair?  YES

**FOR LIGHTWEIGHT WHEELCHAIRS ONLY!!**

- 8 Can the patient adequately self-propel a standard manual wheelchair?  YES
- 9 Is the patient able to adequately self-propel a lightweight manual W/C?  YES

Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CHAIR



**003**

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IDGRIPS E0961

MREST WITH  
3 QUANTITY ( )

\N 24 E2201

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NO

NO

NO

NO

NO

NO

NO

NO

NO

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