



PARAGOULD
JONESBORO
WALNUT RIDGE

501 W Kingshighway
4707 E Johnson
308 W Main

T: 870-239-0997
T: 870-972-5900
T: 870-886-1260

**FAX ORDER FORM TO
870-239-9037**

Patient Name: _____ Date of Birth: _____ DX: _____ Ht: _____ Wt: _____

AMBULATION DEVICE

- E0114 crutches (youth or adult)
- E0110 forearm crutches
- E0100 straight cane
- E0105 quad cane
- E0143 walker, folding, 2 wheels, no seat
- E0158 leg extension (height = 72" and up)
- E0143/E0156 rollator, folding, 4 wheels, seat
- E0154 platform attachment
- E0149 walker, w/ wheels, heavy duty (>300 lbs)

HOSPITAL BED & ACCESSORIES

- E0295 semi-electric, standard w/o matt, w/o rails
- E0261 semi-electric, standard w/o matt w/ rails
- E0260 semi-electric, standard w/ matt w/ rails
- E0303 full electric, heavy duty (>350 lbs)
- E0305 bed side rails, half length
- E0310 bed side rails, full length
- E0271 innerspring mattress
- E0272 foam mattress
- E0181 alternating pressure pad
- E0184 dry pressure mattress
- E0185 gel overlay pad
- E0277 alternating pressure mattress
- E0940 trapeze bar free-standing
- E0910 trapeze bar attached
- E0912 trapeze bar, heavy duty (>250 lbs.)
- E0630 hydraulic patient lift

BEDSIDE COMMODE

- E0163 standard
- E0168 HD (>300 lbs)

MANUAL WHEELCHAIRS & ACCESSORIES

- K0001 manual wheelchair, standard (<250 lbs)
- K0003 manual wheelchair, lightweight (<250 lbs)
- K0006 manual wheelchair, heavy duty (251-300lbs)
- K0007 manual wheelchair, extra heavy duty (>300 lbs)
- E2601 seat cushion, standard (<22")
- E2611 back cushion, standard (<22")
- E2602 seat cushion, wide (=/>22")
- E2612 back cushion, wide (=/>22")
- E2603 seat cushion, skin protection (<22")
- E2604 seat cushion, skin protection (=/>22")
- E2622 seat cushion, skin protection, adjustable (<22")
- E2623 seat cushion, skin protection, adjustable (=/>22")
- E2201 seat frame, extended (=/>20-23")
- E2202 seat frame, wide extended (=/>24")
- K0195 elevating leg rest, pair
- E0990 elevating leg rest, each (RT or LT)
- E0978 seat belt
- E0971 anti-tipper, each
- E1226 recline back option for wheelchair
- E1020 stump support (RT or LT)
- E0705 transfer board

PROSTHETICS/ORTHOTICS

- L3908 wrist brace (RT, LT or BL)
- L3809 thumb spica splint (RT, LT or BL)
- L0648 LSO back brace
- L0464 TLSO back brace
- L1812 hinged knee brace (RT, LT or BL)
- L1821 hinged knee brace w/ condyle pads (RT, LT or BL)
- L1830 knee immobilizer (RT, LT or BL)
- L1833 ROM limiting knee brace (RT, LT or BL) _____ of flexion, _____ of extension
- L1851 single side offloading brace (RT, LT or BL)
- L1852 double side offloading brace (RT, LT or BL)
- L4361 cam boot (short/tall) (RT, LT or BL)
- L1902 ankle lace-up brace (RT, LT or BL)
- L4350 ankle stirrup brace (RT, LT or BL)
- L0174 universal cervical collar
- L3670 shoulder sling

OXYGEN

- E1390 concentrator @ _____ LPM, via nasal cannula continuous during sleep w/ regulator and tank as backup
- E0431 portable gaseous tanks @ _____ LPM, via nasal cannula while awake pulse dose with conserving device
- K0738 homefill compressor @ _____ LPM, via nasal cannula while awake pulse dose with conserving device
- E1392 portable concentrator @ _____ LPM, via nasal cannula while awake pulse dose

Results must be noted in the medical record

OXIMETRY RESULTS FOR UP TO 4LPM

_____% saturation at rest on room air (if 88% or below, you can stop here)

_____% saturation during exercise on room air

_____% saturation during exercise with _____LPM oxygen applied

OXIMETRY RESULTS FOR >4LPM

_____% saturation at rest on room air (if 88% or below, you can stop here)

_____% saturation during exercise on 4LPM

_____% saturation during exercise with _____LPM oxygen applied (must be >4LPM)

HFCWO (AFFLOVEST)

- E0483 HFCWO
- Settings: 5-20Hz for 30-min session 2x/day, titrate settings for optimal therapy
- Size: _____

NEBULIZER

- E0570 small volume
- 2-A7003 neb disposable kit, 2 per month
- 1-A7005 neb reusable kit, 1 per 6 months
- 1-A7015 nebulizer mask, 1 per month
- 2-A7013 nebulizer filters, 2 per month

BATH EQUIPMENT (MCD ONLY)

- E0245 tub transfer bench
- E0245 shower chair w/ back
- E0248 HD tub transfer/shower chair
- E0246 hand-held shower hose
- E0241 grab bar (16", 18" or 24")
- incontinence supplies (diapers, pullups, underpads, pads/liners)

CATHETERS

- A4351, intermittent, straight-tip, _____ FR, _____ x/day, _____ caths/month
- A4352, intermittent, coude-tip, _____ FR, _____ x/day, _____ caths/month
- A4353 intermittent, with insertion supplies _____ FR, _____ x/day, _____ caths/month
- 1-A4340, indwelling, _____ FR, 1 cath/month
- 1-A4310 insertion tray for indwelling catheter, 1 per month
- 30-A4349 male external catheters, 1 per day
- _____-A4332 lubricating jelly, 1 per cath change
- 2-A4357 drainage bags, 2 per month
- 2-A4358 leg bags, 2 per month
- 10-A4452 tape, 180sq in. per month

SUCTION

- E0600 suction pump
- 90-A4624-suction catheters, 90 per month
- 1-A7002 6' tubing, 1 per month
- 1-A7000 canister w/ lid, 1 per month
- 12-A4628 yankauer bulb tip, 12 per month
- 1-A4217 sterile water, 500 ml per month

COUGH ASSIST DEVICE

- E0482 cough assist device
- Settings: _____
- A7020 cough assist circuit, 1 per month

COMPRESSOR/HUMIDITY

- E0565 compressor
- E1372 thermaguard heater
- 2-A7007 volume nebulizer, 2 per month
- 1-A7010 corrugated tubing, 50ft per month
- 2-A7012 drainage bag, 2 per month
- 1-A7525 trach mask, 1 per month
- 1-A4217 sterile water, 500 ml per month

TRACH SUPPLIES

- 30-A4629 trach care kits, 30 per month
- 60-A4623 inner cannulas, 60 per month
- 30-A7526 trach ties, 30 per month
- 60-A7509 HMEs, 60 per month
- 1-A7520 cuffless trach tube, 1 per 3 months
- 1-A7521 cuffed trach tube, 1 per 3 months
- 1-L8501 passy-muir valve, 1 per month

RESPIRATORY DEVICE

- E0484 acapella device, _____ times/day

rev 11/2025

OTHER: _____

Ordering Physician's Name: _____ NPI: _____

Ordering Physician's Signature: _____ Date: _____