Affordable Medical
Home Medical Equipment & Supplies

PARAGOULD	501 W Kingshighway	T: 870-239-0997
JONESBORO	4707 E Johnson	T: 870-972-5900
WALNUT RIDGE	308 W Main	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: _____