

Canes, Crutches & Knee Scooters

1. Patient Information

First name*: _____ Last name*: _____
 Address*: _____ City*: _____ State*: _____
 Zip*: _____ Phone*: _____ Email: _____
 Insurance carrier*: _____ Insurance member ID*: _____
 Date of birth*: _____ Sex*: _____ Height: _____ Weight: _____

2. Clinical Details

Frequency of use*: _____ Length of need*: _____
Diagnosis 1 (ICD-10)*:
☐ R26.2 (abnormality of gait/difficulty walking) ☐ M05.9 (rheumatoid arthritis) ☐ Other: _____
Diagnosis 2 (ICD-10)*: _____ **Diagnosis 3 (ICD-10)*:** _____
 e.g. Z99.89 (dependence on other enabling machines or devices), M25 (joint pain), Z96.64 (hip replacement)

3. Product Selection

Indicate cane base:

☐ Tip - E0100 ☐ Quad - E0105 ☐ Three-prong - E0105

Forearm crutches with tips and handgrips:

☐ Single - E0111
☐ Pair - E0110

☐ Knee scooter - E0118

Underarm crutches with pad, tips and handgrips:

☐ Non-wood, pair - E0114

4. Notes

If ordering a knee scooter, indicate additional clinical reason:

5. Referring Provider Information

Referring provider name*: _____ NPI*: _____ Date*: _____

Referring provider signature*:

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