

**PLEASE PROVIDE *DEMOGRAPHIC AND INSURANCE* INFORMATION.**

Date Prescribed: \_\_\_\_\_ Gender  Male  Female  
 Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt/Suite # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
 Length of need: \_\_\_\_\_

**All services require a method of payment (credit card, bank information) in addition to insurance information prior to delivery.**

**SAGE EMPLOYEE USE ONLY**  CC Secured

**DURABLE MEDICAL EQUIPMENT - HEIGHT AND WEIGHT REQUIRED FOR ALL ITEMS ON THIS FORM**

- Ambulatory Devices**  Cane  Crutches  Quad Cane  
 Walker *up to 300 lbs*  wheels  3 inches  5 inches  fixed  swivel  leg extensions  
 Extra Wide Walker *300-450 lbs*  Heavy Duty Walker *>350 lbs*  with wheels  without wheels
- Wheelchairs up to 250 lbs**  Standard  Hemi (low seat)  Light Weight  Transport *<300 lbs*  Geri Chair  
 Walker *up to 300 lbs*  wheels  3 inches  5 inches  fixed  swivel  leg extensions  
 Heavy Duty Wheelchair *250-300 lbs*  Extra Heavy Duty Wheelchair *>350 lbs*  Heavy Duty Transport Chair *>300 lbs*
- Wheelchair Accessories**  brake extensions  elevating leg rests  seat cushion  back cushion  anti-tippers  
 seat belts  oxygen tank holder  extra-wide seat *22" or more*  transfer board
- Beds**  Semi-Electric Hospital Bed  Heavy Duty Full Electric *350-600 lbs*  Extra Heavy Duty Full Electric *more than 600 lbs*
- Bed Accessories**  rails half  rails full  trapeze  free standing trapeze  heavy duty trapeze *>250 lbs*  
 replacement mattress  perimeter mattress  patient/hoyer lift *max capacity 450 lbs*
- Sling  full body  standard  commode opening
- Support Surfaces**  gel foam overlay  high density foam mattress  alternating pressure  low air loss system
- Aids to Daily Living**  bedside commode  drop arm commode  heavy duty commode *>300 lbs*  replacement mattress  
 raised toilet seat *max wt capacity 250 lbs*  heavy duty raised toilet seat *up to 300 lbs*  
 Shower chair  back  no back  tub transfer bench
- Other DME:**

**Medicare has implemented the requirements for patient Face to Face (F2F) visit prior to dispensing DME. Suppliers are required to obtain chart notes from the visit AND obtain a written order PRIOR to delivery that consists of the item AND:  
 1) Patient Name 2) Date Prescribed 3) Physician Signature 4) NPI**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_ NPI# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_ Would you like a phone call to verify receipt of fax  Yes  No