TODAYS DME INC
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Detailed Written Order

Patient Name: _____ Patient DOB: _____
Order Date: _____

Chart notes Attached (chart notes must include the need for equipment being ordered)

I, the undersigned, certify that the below prescribed equipment/supplies is medically necessary as part of my treatment plan for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment". I have documented the following information and the need for this equipment in the patient's most recent chart notes.

DIAGNOSIS (Check appropriate diagnosis below) Length of Need: ☐ 12 months ☐ 99 months

ICD-10 Diagnosis Code(s): _____

Canes Products & Supplies are medically necessary (Check equipment/supplies ordered)

Qty	Hcpc code	Description of specific services to be provided
	E0100	Cane, includes canes of all materials, adjustable or fixed, with tip
	E0105	Cane, quad or three prong, includes canes of all materials, adjustable or fixed, with tips

Additional information: Criteria 1 – 3 must be met

1) The beneficiary has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.	☐ Yes	☐ No
A mobility limitation is one that:		
1a. Prevents the beneficiary from accomplishing the MRADL entirely, or,	☐ Yes	☐ No
2b. Places the beneficiary at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or,	☐ Yes	☐ No
2c. Prevents the beneficiary from completing the MRADL within a reasonable time frame;	☐ Yes	☐ No
2) The beneficiary is able to safely use the cane or crutch; and,	☐ Yes	☐ No
3) The functional mobility deficit can be sufficiently resolved by use of a cane or crutch.	☐ Yes	☐ No
4) What does the patient weigh _____ lbs		

Prescribing Physician's Information

Name & Credentials _____ NPI# _____
Telephone _____ Fax _____
Address _____
Signature _____ Signature Date _____