Hospital Bed/Trapeze Standard Written Order

Fax: 602-428-6841
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Orders@MyTritonSupply.com

Patient Name: _____ Phone #: _____

Address: _____

Ins ID#: _____ Patient DOB: _____ Sex: ☐ Male ☐ Female

Refer to Hospital bed coverage criteria sheet for all required documentation.

HOSPITAL BED: All beds come standard w/half-length rails. If full rails are needed, please select under accessories.

Date of Last Visit: _____

Diagnosis and Code: _____

Length of Need (# of months) _____ 1-99 (99=lifetime) Patient Height: _____ in. Weight: _____ lbs.

Standard Equipment

☐ Semi-Electric Hospital Bed w/rails, 350 lb. max
- ☐ With mattress (E0260)
- ☐ Without mattress (E01261)

Bariatric Equipment

☐ Heavy Duty Hospital Bed w/rails, 600 lb. max
- ☐ With mattress (E0303)
- ☐ Without mattress (E0301)

☐ Extra HD Hospital Bed with rails and mattress, 750 lb. max (E0304)

Accessories/Replacement Items:

☐ Half Length, bedrails (E0305)
☐ Full Length, bedrails (E0310) *not available for HD or extra HD beds
☐ Replacement Foam/Rubber Mattress (E0272)

Trapeze

☐ Trapeze Bar attached to Hospital Bed (E0910) up to 250 lbs.
☐ Trapeze Bar with Base (E0490) 250 lbs. max
☐ Bariatric Trapeze Bar (E0912) 250-1000 lbs.

Provider Certification:

I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.

Provider's Signature: _____ Date: _____ NPI: _____

Providers Name: _____ Telephone: _____