Manual Wheelchair Written Order

Fax: 602-428-6841
Phone: 480-795-7955
Orders@MyTritonSupply.com

Patient Name: _____ Phone #: _____

Address: _____

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

Refer to the wheelchair coverage criteria sheet for all required documentation.

BASE EQUIPMENT: Select One – all basic chairs some w/standard footrests

Date of Last Visit: _____

Diagnosis and Code: _____

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

Standard Equipment

☐ Wheelchair, Standard (K0001), 250 lb. max
☐ Wheelchair, Hemi Height (K0002), 250 lb. max
☐ Wheelchair, Lightweight (K0003), 250 lb. max
☐ Wheelchair, High Strength, Light Weight (K0004), 250 lb. max
☐ Wheelchair, HD (K0006), 300 lb. max
☐ Wheelchair, Extra HD (K0007), 450 lb. max

☐ Pediatric Wheelchair w/standard footrest
☐ Pediatric Wheelchair w/ elevating leg rests
*Standard pediatric chairs do not come with accessories other than listed above.
☐ Transport Chair (E1038), 250 lb. max
☐ Transport Chair, Heavy Duty (E1039), 450 lb. max
*Transport chairs do not come with additional accessories.

STANDARD ACCESSORY PACKAGE (Includes all of the following): Select one checkbox

☐ Anti-tippers, right & left (E0971), Basic Back Cushion (E2611), Basic Cushion (E2601/E2602)
☐ Other: _____

OPTIONAL ACCESSORIES: Additional criteria is required

☐ Seat Belt (E0978)
☐ Elevating Leg Rests, (K0195)
☐ Elevating Leg Rests, Telescoping (K0052)
☐ Left Side ☐ Right Side
Note: Telescoping ELR's are used for tall patients (6'2") & specialty cast
☐ Brake Extensions (E0961) ☐ Left Side ☐ Right Side
☐ Transfer Board (E0705)
☐ Reclining Back (E1226)
☐ Oxygen Tank Holder
☐ Amputee Stump Support ☐ Left Side ☐ Right Side

Specialty Cushions – Must meet additional justification to qualify
☐ Skin protectant cushion (E2603/E2604/E2622/E2623)
☐ Positioning seat cushion (E2605/E2606)
☐ Skin protectant, positioning seat cushion (E2507/E2608/E2624/E2625)

Additional Measurement Options:

1. _____
2. _____
3. _____

Additional Measurement Options (Recommended)

1. Measuring the tibial length/lower leg length/seat to floor height is used for patients who self-propel with their feet.
2. Seat depth/femur length measurements are taken from the back of the knee to the SI joint.
3. Width of the wheelchair is determined by hip size. We want the patient to be seated and measure from the outside of each hip at its fluffiest point.

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: _____