



NORTHEAST MEDICAL PRODUCTS, INC
 520 Boston Post Rd
 Old Saybrook, CT 06475
 860-388-1437 F: 860-388-0368
 www.northeastmedicalproducts.com

CANES & CRUTCHES ORDER FORM

Equipment ordered:

- E0100 Cane, adjustable or fixed, with tip
- E0105 Quad Cane
- E0111 Forearm crutches
- E0114 Crutches, aluminum, pair

Patient _____ DOB _____

Address _____

Diagnosis codes _____

Length of Need: _____

Coverage questions:

- Y N Does the patient have 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?
- Y N Can the patient safely use the cane or crutch?
- Y N Can the patient's functional mobility deficit be sufficiently resolved by use of a cane or crutch?

Physician Name _____ Phone _____

Address _____

Fax _____ NPI _____

 Signature _____ Date _____