

# HOSPITAL BED-ORDER FORM

**DATE OF ORDER:**

**Length of Need:** \_\_\_\_\_

**PATIENT NAME:**

**DOB:** \_\_\_\_\_

**ADDRESS:**

**HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_

**CITY:**

**ZIP:**

**PHONE:**

**PT ID:**

ICD 10 Code1 \_\_\_\_\_ ICD 10 Code3 \_\_\_\_\_

ICD 10 Code2 \_\_\_\_\_ ICD 10 Code4 \_\_\_\_\_

\_\_\_\_ Half Rails      \_\_\_\_ Full Rails      \_\_\_\_ No Rails

\_\_\_\_ Semi- Elec Bed: E0260

\_\_\_\_ Semi- Elec No Mattress: E0261

\_\_\_\_ Heavy Duty Extra Wide Hospital Bed: E0303 (350lbs)

\_\_\_\_ Extra Heavy Duty Hospital Bed: E0304 (600lbs)

**Please Circle All That Apply: At Least One Of A-D and F Must Apply**

- A) The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed.
- B) The patient requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain. (Scale 1-10 # \_\_\_\_\_)
- C) The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, Chronic pulmonary disease, or problem with aspiration.
- D) The patient requires traction equipment, which can only be attached to a hospital bed.
- E) The patient requires a bed height different from a fixed height bed to permit transfers.
- F) The patient requires frequent changes in body position and/or has immediate need for a change in body position.
- G) The patient weighs more than between 350lbs and 600lbs
- H) The patient weighs more than 600lbs

**Doctors Name:**

**NPI:**

**Address:**

**Fax #**

**Phone #**

**Doctors Signature** \_\_\_\_\_ **Date** \_\_\_\_\_