



Phone: 617-209-9693

Fax: 978-717-9480

www.prorehabmed.com

Provider

Name: _____

Clinic Name: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Date Needed:

Patient Name:

FAX ORDER FORM TO: 978-717-9480

Ambulatory & Other Aids

- Walker (E0135)
- Walker w/ Wheels (E0143)
- Heavy Duty Walker w/Wheels (E0149)
- U-Step Neuro Walker (E0147)
- Rollator w/ Seat Attachment
- Bariatric Rollator (E0148)
- Crutches (E0114)
- Beside Commode/Extra Wide (E0163/E0168)
- Drop Arm Commode (E0165)
- Low Air Loss/Alternating Pressure Mattress (E0277)
- Shower Chair
- Shower Transfer Bench
- Transfer Board (E0972)
- Knee Scooter
- Cane (E0100)
- Quad Cane (E0105)
- Other: _____

Wheelchairs: Patient Height: _____ Weight: _____

- Standard (K0001)
 - 16 x 16 22+
 - 18 x 16
 - 20 x 16
- Light Weight (K0003)
- Transport <300lbs (E1038)
- Heavy Duty (K0006) 250-300lbs
- Bariatric (K0007) >300lbs
- Heavy Duty Transport >300lbs (E0139)
- Anti-Tippers (E0971)
- Elevating Leg Rests (K0195)
- Foot Rests
- Wheelchair Standard/Wide Seat Cushion (E2601/E2602)
 - Skin Protection
- Wheelchair Back Standard/Wide Cushion (E2611/E2612)
 - Skin Protection
- Other: _____

Bracing

- Levitation 2 Tri-Compartment Knee Unloader
- Knee Unloader Resting Splints
- ACL/PCL Brace Wrist/Hand
- Patella Stabilizer Ankle
- LSO Elbow
- TLSO
- SI Belt
- Scoliosis Brace Other: _____
- AFO
- Ankle Stability Brace

Electrotherapy

- TENS Unit (E0730)
- NMES Unit (E0745)
- IF Unit
- Russian Stim Unit
- Electrode Garment
- Other: _____

Home Traction Therapy

- Saunders Cervical Traction unit (E0849)
- Comfortrac Cervical Traction unit (E0849)
- Aspen Therapy Collar (L0180)
- Disc Disease Solutions Lumbar Decompression Belt (L0648)

Cold Compression System

- Squid Rental
- Game Ready Rental
 - Knee Hip
 - Ankle Shoulder Other:

- 1) Please include with this order form a copy of the following: Patient Demographics, Insurance Information, Dx, Referring MD name & Rx (if you have it).
- 2) You will receive an email or fax confirmation of your request. If you do not receive a confirmation, please call us at 617-209-9693 or email, emily@prorehabmed.com
Thank you for your business!

