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GIRARD
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(330) 998-6012
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WARREN
(330) 395-7252
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(By Appointment Only)

WWW.BOARDMANMEDICALSUPPLY.COM

**SUPPORT SURFACE
E-Z SCRIPT**

(330) 545-6700
Fax (330) 545-5555
Toll Free (800) 443-3390
Toll Free Fax (800) 952-5352

****Please fax your patient's insurance information, demographics and chart notes with this form.****

Start Date: _____ Acct #: _____

Patient Name: _____

DOB: _____

Patient Phone #: _____

Ordered By: _____

Address: _____

Height: _____ Weight: _____

Diagnosis/Diagnosis Code: _____

Duration of Need: _____

Alternating Pressure Pad & Pump E0181

Gel Overlay E0185

(check all that apply)

- Completely immobile - i.e., patient cannot make changes in body position without assistance.
- Limited mobility - i.e., patient cannot independently make changes in body position significant enough to alleviate pressure.
- Any stage pressure ulcer on the trunk or pelvis.
- Impaired nutritional status.
- Fecal or urinary incontinence.
- Altered sensory perception.
- Compromised circulatory status.

Low Air Loss E0277

(check all that apply)

- Multiple stage II pressure ulcers located on the trunk or pelvis.
- Patient has been on a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate group 1 support surface.
- The ulcers have worsened or remained the same over the past month.
- Large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis.
- Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days).
- The patient has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days).

Hospital Bed

Accessories:

Trapeze E0910/Free-standing E0940 Patient Lift E0630

- Condition Expected to last up to 1 month and patient requires aid in positioning
- Bed required to alleviate pain.
- Requires bed lowered to transfer bed to chair/stand.
- Condition requires HOB elevation up to 30 ° (CHF, COPD, Aspiration).
- Device needed to assist to sitting position, for changes in position, or getting in or out of bed.

- Semi Elec Hosp Bed w/ mattress E0260
- Semi Elec Hosp Bed w/o mattress E0261
- Full Elec Hosp Bed w/ Mattress E0265
- Full Elec Hosp Bed w/o Mattress E0266
- Variable Height Hosp Bed w/ Mattress E0255
- Variable Height Hosp Bed w/o Mattress E0256
- Heavy Duty Hosp Bed w/ Mattress E0303
- Heavy Duty Hosp Bed w/o Mattress E0301
- Extra Heavy Duty Hosp Bed w/ Mattress E0304
- Extra Heavy Duty Hosp Bed w/o Mattress E0302
- Fixed height hospital bed w/ mattress w/ 1/2 rails E0250
- Fixed height hospital bed w/o mattress w/ 1/2 rails E0251

I certify that the medical necessity information above is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

PHYSICIAN'S SIGNATURE: _____

DATE: ____/____/____

Printed Name: _____

Address: _____

Phone: _____ NPI #: _____

City/State/Zip: _____