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GIRARD
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WARREN
(330) 395-7252
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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: _____