

# Walking Aids Order

## North Shore Home Medical Supply

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To Whom it may concern:

104 Newbury St.  
Peabody, MA 01960

Please review the following documents and fill out accordingly. In order for us to bill your patient's insurance, these documents are required. Please include all pertinent patient information such as:

Phone number: 978-535-3893  
Fax number: 617-497-4021

- Patient name
- Date of Birth
- Address
- Insurance information (including secondary insurance if applicable)
- Contact information
- Emergency contact information if necessary
- Diagnosis
- Patient height/weight

If you have any questions, do not hesitate to call us at 978-535-3893. Please fax completed documents to **617-497-4021**.

Thank you.

North Shore Home Medical Supply Staff

All orders for insurance will be processed through our subsidiary Ciampa Apothecary.

# Walking Aids Order

## Prescriber Information

Prescriber Name:	
Address:	
Phone Number:	
Fax Number:	
NPI	

## Patient Information

\*You may also attach face sheet if it contains the following information

Patient Name:	
Address:	
Date of Birth:	
Phone Number:	
Primary Insurance/ID#	
Secondary Insurance/ID#	
Emergency Contact:	
Diagnosis:	

## Walking Aid Ordered: (please circle one)

Standard Walker without Wheels    Standard Walker with Wheels    Cane    Quad Cane    Crutches    Rollator (w/wheels and seat)

Does your patient require heavy duty equipment (pt weighs more than 300 lbs)?	Yes	No
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Please provide any additional information you think may establish medical necessity for the equipment ordered.

Quantity: \_\_\_\_\_

Prescriber Signature:

Date: