



Durable Medical Equipment (DME) Request/Referral Form



FREEDOM MOBILITY
Complex Rehab Technology

586 Parker Ave.
Rodeo CA 94572

Tel: 510-799-9920

Mon thru Fri 8:30am – 5pm

DME Orders – FAX: 510-799-9930

Repair Orders – FAX: 510-722-2263

Please fax this completed form along with a physician Rx and associated progress notes to Freedom Mobility Center LLC. Lack of clinical information may result in delayed processing. *Indicates Required Field

PATIENT INFORMATION					
First Name:		Last Name:		M.I.	Phone:
Address:			City:		State: Zip:
DOB:	Gender:	Ht:	Wt:	Social Security #:	
Emergency Contact/Resp Party:				Phone:	
Address:			Email:		
INSURANCE INFORMATION					
Primary Ins: <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other			Secondary Ins: <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other		
Name:			Name:		
Member ID #:			Member ID #:		
DIAGNOSES / ICD-10 CODES					
Dx 1:		Dx 2:		Dx 3:	Dx 4:
EQUIPMENT NEEDED: (Check Items)					
<input type="checkbox"/> Power Wheelchair		<input type="checkbox"/> Back Brace/Lumbar Support		<input type="checkbox"/> Trapeze Bar	
<input type="checkbox"/> Manual Wheelchair		<input type="checkbox"/> Lymphedema Pump & Garment		<input type="checkbox"/> Patient Lift	
<input type="checkbox"/> Rollator (walker w/wheels & seat)		<input type="checkbox"/> Low Air loss Mattress – Ulcer Stage: _____		<input type="checkbox"/> Shower Chair	
<input type="checkbox"/> Walker	<input type="checkbox"/> Walker w/Wheels	<input type="checkbox"/> Gel Overlay		<input type="checkbox"/> Standing Frame	
<input type="checkbox"/> Wheelchair Cushion		<input type="checkbox"/> Hospital Bed		<input type="checkbox"/> Repairs	
<input type="checkbox"/> Scooter (Only 3-whl, 300 wt cap available)		<input type="checkbox"/> Other			
PHYSICIAN INFORMATION					
Name:			NPI#:		
Address:			City:		State: Zip:
Referral Contact:			Phone:		Fax:

**PLEASE FAX Rx w/ICD-10 CODES & PROGRESS NOTES
ALONG WITH THIS REFERRAL FORM TO FAX NUMBER ABOVE**