



## DOME HOME CARE

Dependable Oxygen & Medical Equipment

# Wheelchair Order Checklist

Please provide the following documentation when ordering a manual wheelchair:

- + Patient demographic information
- + Face-to-face mobility evaluation chart notes by the treating practitioner
- + Documented inability to perform mobility-related activities of daily living (MRADLs) safely in the home using a cane or walker
- + Patient (or caregiver) ability to safely operate and transfer to/from the wheelchair
- + Home environment accommodates wheelchair use (doorway widths, surfaces, etc.)
- + Patient weight and height for sizing; note bariatric need  $\geq 300$  lb
- + Wheelchair Standard Written Order (SWO) required elements:
  - + Patient name
  - + Order date
  - + Wheelchair model, seat width & depth
  - + Accessories: cushion, anti-tippers, elevating leg rests, etc.
  - + Bariatric indication if applicable
  - + Treating practitioner name or NPI & signature
  - + SWO date must be on or prior to delivery date and on file prior to billing

*Disclaimer: Although every reasonable effort is made to present current and accurate information, Dome Home Care makes no guarantees of any kind and cannot be held liable for any outdated or incorrect information.*

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