

# CONFIRMATION OF ORDER – Patient Lift

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**PROVIDER:** Medicine Shoppe #503  
304 South Commercial  
Harrisburg, IL 62946-2108

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1528178720  
**Tax ID #:** 371124259

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**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

**Length of Need:** 99 (*in months*)

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**Physician:**

**NPI:**

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## DIAGNOSIS

ICD 10 Code	Description
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## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0630	Patient Lift

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## ADDITIONAL MEDICAL INFORMATION *(please check Y for yes or N for no)*

- Y  N Does a transfer of the patient between bed and a chair, wheelchair, or commode require the assistance of more than one person?
- Y  N Would the patient be confined to a bed without the use of a lift?
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**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_