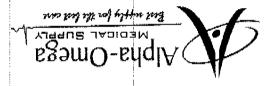
3016 S. Shiioh Rd. Ganand, TX 75042 PH (214) 227-4353 FX (214) 227-4356



## FAX COMMUNICATION

ке:	COLEMAN ALBERT (DOE	( <del>77</del> 61/52/1	:99
:xe3	0127-678-279		Date: 11-19-2013
-suoua	£157-373- <u>2</u> 79		Pages: 2
:оТ	<b>РВ. SUMANA KETHA,</b>		From: TRACY

Dr. Ketha,

Patient above was referral for a walker.

Please fax us the signed detail order and the documentation showing the patient meets the Medicare requirements for this item. PLEASE FAX PROGRESS NOTE:

needs a walker to use it in the restroom, patient needs to start walking)?

Patient received a power chair on 2009, please rule out why patient needs a walker. (patient

- The patient has a mobility limitation that significantly impairs his/her ability to participate in one or more mobility-related activities of daily living (MRADL) in the home.
- The patient is unable to safely walk without using the walker.
- The functional mobility deficit can be sufficiently resolved with use of a walker.
- RULE OUT WHY THE PATIENT NEEDS A SEAT ON WALKER

Please fax us the attached doctor's order and the other documentation to 214-227-4356. If you have any questions, our phone number is 214-227-4353.

Lhank you.

This document is intended solely for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you have received this fax in error, please contact the sender at the phone number listed above to arrange for the return of this information. You are notified that you are prohibited from copying, disclosing or distributing this information to any other party.

## PHYSICIAN'S ORDER

IdN

GARLAND, TX 75041-2415 3016 S. SHILOH RD. VELHA OMEGA MEDICAL SUPPLY

9554-722(412) 214-227-4353

1215117239

COMPANY:

DYFFY2' LX 12554 5154 M LIVE MILE PKWY ALBERT B COLEMAN

PATIENT:

0884-788(412)

3040 ₹₽764082£₽ DOCOMENT:

*FOLICY NUMBER:* 

ACCOUNT:

10/52/1644 DATE OF BIRTH:

3919

6.104 DIVERNOSIS (ICD-9): 781.2

6.724

EFFECTIVE DATE: 11/16/2013

**TENCLH OF NEED:** 66

EKEONENCK CODE

OneTime

LO / EACH OneTime <u>YTITKAUQ</u>

1.0 / EACH

PROGNOSIS:

patient's condition and has not been prescribed as "convenience equipment". my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this I. the undersigned, certify that the above prescribed equipment/supplies is medically necessary as part of my treatment for this patient. In

WALKER - SEAT ATTACHMENT

**DESCRIPTION** 

CARDIAC DYSRHYTHMIA NOS

HAPERTENSION NOS

ABNORMALITY OF GAIT

11/25/2013

WALKER - FOLDING WHEELED WOUT SEAT DALTON

Date

Electronically Signed by Ketha, Sumana M.D.

E0128

E0143

Physician's Signature

3552 SKAMVA CIBCLE N Sumana Ketha PHYSICIAN:

0157-575-279 £1£L-\$L9(7L6) IRVING, TX 75038-5960

1962447805 Han 957.682 :NI40

