

# RICHMOND PALLIATIVE CARE BENEFITS PROGRAM



REQUEST INFORMATION	
Order #:	Address:
Type of Request: <input type="checkbox"/> Delivery <input type="checkbox"/> Pickup <input type="checkbox"/> Convert to MEPP (OT to submit MEPP request)	
Requested Service Date:	<input type="checkbox"/> Firm Time <input type="checkbox"/> Therapist Required to be Present
Confirmed Service Date:	
CLIENT INFORMATION	THERAPIST INFORMATION
Name:	Name:
Paris #:	Therapist #:
PPS%:	Phone:
Phone:	Fax:
Caregiver Name:	
Caregiver's Phone:	

MOBILITY			
MANUAL WHEELCHAIRS	WHEELCHAIR ACCESSORIES		
<input type="checkbox"/> Transport Wheelchair <input type="checkbox"/> 17" x 16" <input type="checkbox"/> 19" x 16" <input type="checkbox"/> Airgo Fusion Transport Chair & Walker <input type="checkbox"/> Hemi 17.5" (unfinished) <input type="checkbox"/> Standard 19.5" (unfinished) <input type="checkbox"/> Lightweight Manual Wheelchair <input type="checkbox"/> Hemi 17.5" (unfinished) <input type="checkbox"/> Standard 19.5" (unfinished) <input type="checkbox"/> 16" x 16" <input type="checkbox"/> 16" x 18" <input type="checkbox"/> 18" x 16" <input type="checkbox"/> 18" x 18" <input type="checkbox"/> 20" x 18" <input type="checkbox"/> Manual Tilt Wheelchair <input type="checkbox"/> Hemi 17.5" (unfinished) <input type="checkbox"/> Standard 19.5" (unfinished) <input type="checkbox"/> 16" x 16" <input type="checkbox"/> 16" x 18" <input type="checkbox"/> 18" x 16" <input type="checkbox"/> 18" x 18" <input type="checkbox"/> 20" x 18" <input type="checkbox"/> Add Hand Rims	<input type="checkbox"/> Elevating Legrest <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Lap Positioning Belt <input type="checkbox"/> Padded Calf Strap  <th>BACKRESTS</th> <input type="checkbox"/> Basic Backrest <input type="checkbox"/> Deep Backrest  <th>CUSHIONS</th> <input type="checkbox"/> Basic Foam Cushion <input type="checkbox"/> Gel/Foam Cushion (Foam/Fluid Cushion) <input type="checkbox"/> Premium Foam Cushion (Air/Foam Cushion) <input type="checkbox"/> ROHO Air Flotation Cushion <input type="checkbox"/> 2" Low Pro <input type="checkbox"/> 4" High Pro <input type="checkbox"/> Other: _____ Cushion Size: <input type="checkbox"/> 16" x 16" <input type="checkbox"/> 16" x 18" <input type="checkbox"/> 18" x 16" <input type="checkbox"/> 18" x 18" <input type="checkbox"/> 20" x 18"	BACKRESTS	CUSHIONS

BEDROOM SAFETY	
BED UNITS	BEDROOM ACCESSORIES
<input type="checkbox"/> Fully Electric Hospital Bed <input type="checkbox"/> Half Side Rails <input type="checkbox"/> Full Side Rails <input type="checkbox"/> Standard Foam Mattress <input type="checkbox"/> LTC 9200 T-Style Mattress (Includes 2 ROHO Sections) <input type="checkbox"/> High-Pressure Distribution Mattress <input type="checkbox"/> Low Air Loss Mattress System	<input type="checkbox"/> Bed Assist Rail for Home Bed <input type="checkbox"/> Overbed Table <input type="checkbox"/> Bed Hoop (Bed Cradle 36") <input type="checkbox"/> Trapeze with Floor Stand <input type="checkbox"/> Trapeze Bar (Hospital Bed)
SPECIALTY MATTRESS OVERLAYS	
<input type="checkbox"/> Leveling Pads # _____ <input type="checkbox"/> ROHO Sections # _____ Indicate desired ROHO section positioning: _____	

Any needed equipment not found on this form must be approved by your supervisor or manager before processing.

TOILETING	
<b>COMMODOES</b>	<b>BATH SEATS &amp; BENCHES</b>
<input type="checkbox"/> Stationary Commode with Splash Guard <input type="checkbox"/> Stationary Heavy-Duty Commode (450 lbs - bariatric) <input type="checkbox"/> Wheeled, Drop Arm Commode <input type="checkbox"/> EURO-Style Wheeled Commode <input type="checkbox"/> Shower Commode <input type="checkbox"/> With Tilt <input type="checkbox"/> Without Tilt	<input type="checkbox"/> Bath Chair with Back <input type="checkbox"/> Bath Stool without Back <input type="checkbox"/> Tub Transfer Bench (Padded) <input type="checkbox"/> Bath Board
<b>RAISED TOILET SEATS</b>	<b>OTHER BATH SAFETY</b>
<input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> 5" <input type="checkbox"/> 5" with Arms	<input type="checkbox"/> Bathtub Grip <input type="checkbox"/> Folding Toilet Safety Frame

WALKERS & ROLLATORS
<input type="checkbox"/> Adult Standard Folding Walker (5'4" - 6'4") <input type="checkbox"/> Junior Standard Folding Walker (4'4" - 5'7") <input type="checkbox"/> 2-Wheeled Adult Folding Walker (5" Fixed & Glide Tips) <input type="checkbox"/> 2-Wheeled Junior Folding Walker (5" Fixed & Glide Tips) <input type="checkbox"/> Heavy Duty 2-Wheeled Walker (5" Fixed & Glide Tips) (400 lbs - bariatric) <input type="checkbox"/> 4-Wheeled Walker <input type="checkbox"/> 18" <input type="checkbox"/> 21" <input type="checkbox"/> 24" Handle Height: _____
<b>WALKER ACCESSORIES</b>
<input type="checkbox"/> Platform Attached for Folding Walker <input type="checkbox"/> Left <input type="checkbox"/> Right

LIFTS & SLINGS
<b>LIFTS</b>
<input type="checkbox"/> Tension Mounted Lift <input type="checkbox"/> Freestanding Lift <input type="checkbox"/> Sara Stedy (Non-Mechanical Sit-to-Stand Lift)
<b>SLINGS</b>
<input type="checkbox"/> Quick Fit Sling <input type="checkbox"/> Hammock Sling <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <small>Small (Weight: 20-46 kg / 45-100 lbs) (Height: 120-150 cm / 4'-4"11")            Medium (Weight: 46-95 kg / 100-210 lbs) (Height: 151-180 cm / 5'-5"11")            Large (Weight: 95-270 kg / 210-600 lbs) (Height: 181 cm+ / 6'+s)</small>

FLOOR TO CEILING POLES
<input type="checkbox"/> Floor to Ceiling Pole Height: _____ Location: _____

CRUTCHES
<input type="checkbox"/> Forearm Crutches <input type="checkbox"/> JR <input type="checkbox"/> Adult <input type="checkbox"/> Tall

SPECIAL INSTRUCTIONS
Please indicate if there are any special instructions or requests.

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