

# **EQUIPMENT REPLACEMENT FORM** **(For Reasonable Useful Life)**

Patient Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Equipment Being Replaced:  
\_\_\_\_\_

Date of service for original Product : \_\_\_\_\_

Reason for Replacement:

Change in Condition  
(Ex: Change in Weight, ROM, Dx, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Damaged, cannot be repaired nor applied.  
(Describe the damage / Explain the loss)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature and Title**

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

## **Updated CMN for Continuous use :**

**Requested Equipment** \_\_\_\_\_

Primary Physician's Name : \_\_\_\_\_ NPI : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_

State : \_\_\_\_\_ Zip : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### **Diagnosis :**

- 718.43 Wrist Contracture
- 718.44 Finger Contracture
- 718.42 Elbow Contracture
- 718.46 Knee Contracture
- 718.86 Knee Instability
- 718.47 Plantar Flexion Contracture
- 718.40 Unspecified Joint Contracture
- 436 CVA
- Other

### **RX :**

- Hand Splint
- Elbow Splint
- Knee Splint
- Ankle Foot Orthosis

\_\_\_\_\_  
**Physician's Signature**

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