



# CONTINUOUS PASSIVE MOTION

**REHAB TECHNOLOGIES, LLC**

Phone: 800-237-6708 • Fax: 888-532-4008 or 866-658-5585

**WRITTEN ORDER/CMN**

**PLEASE FAX ALONG WITH PATIENT INFORMATION TO: 1 (888) 532-4008**

\_\_\_\_\_  
Patients Name

\_\_\_\_\_  
Date of Birth

**SURGERY**

**DIAGNOSIS**

\_\_\_\_\_  
Date of Surgery

@

\_\_\_\_\_  
Hospital

Z96.65 TKA or \_\_\_\_\_  
Diagnosis Code

**CPM**

**SIDE**

**CPM LENGTH OF NEED**

Knee CPM (E0935)

Right

21 days  30 days  45 days  Other \_\_\_\_ Days

Shoulder CPM (E0936)

Left

Elbow CPM (E0936)

**ADDITIONAL EQUIPMENT**

Rolling Walker (E0143)

Bedside Commode (E0188)

Other: \_\_\_\_\_

**PHYSICIAN**

\_\_\_\_\_  
Physician Signature (no stamps please)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (printed)

\_\_\_\_\_  
NPI

SUPPLIER:

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