



DME Sample Request Form

(Please complete entire form to reduce delays in shipping)

Practice Name: _____

Physician Name(s): _____

Ship To Address: _____

City: _____ State & Zip: _____

Office Phone: _____ Practice Email: _____

DME Samples of Interest (sizes per each category are determined by MDDB):

LOWER EXTREMITY DEVICES

Walkers (check one per category. Air walkers = L4361, non-air walkers = L4387 HCPC's):

Low Top Air Walker High Top Air Walker Low Top Air Shell Walker
 Low Top NON Air Walker High Top NON Air Walker High Top Air Shell Walker

Night/Day Splint (posterior & adjustable use L4397, dorsal = L4398 -- AirSock uses L1902 HCPC):

Posterior Night Splint Dorsal Adjustable/Hybrid AirSock

Ankle Braces (check one per category. Figure 8's = L1902, Accord = L1971):

Figure 8/Lace Up Quick Lace Figure 8 Accord III Ankle Brace

Post Op Shoe (check one per category L3260 HCPC Code):

Round Toe Square Toe

UPPER EXTREMITY DEVICES

Knee Braces (check one per category. Immobilizer = L1830, ROM & Post-Operative = L1833):

Tri Panel Knee Immobilizer Range of Motion (ROM) Hinged Knee Wrap

Post-Operative Adjustable Knee Brace

Wrist & Thumb Braces: (check one per category. Wrist Splint & Wrist Lacer = L3908, Thumb Spica & Thumb Lacer = L3809):

8" Memory Foam Wrist Splint 8" Memory Foam Universal Wrist Lacer

8" Memory Foam Thumb Spica 8" Memory Foam Universal Thumb Lacer

Arm & Shoulder Braces (check one per category. Sling = L3660, Brace = L3760):

Shoulder Abduction Sling Adjustable Elbow Brace

Fax To: 330-777-2017

Email: info@mdbuyingdirect.com or www.MDBuyingDirect.com

