

## **CMN (Certificate of Medical Necessity)**

## Weaver Medical Supply

5908 Toole Drive | Suite E | Knoxville, TN 37919 Ph: (865) 777-6888 | Fax: (888) 606-4866 | www.weavermedical.com

SECTION I								
Patient Name: .			Insurance II	nsurance ID#:				
Address:								
Address:				State		Zip		
Patient Phone:			DOB:		SSN #:			
SECTION II	l - Injury/Co	ndition/ICI	<u> </u>					
		STATE	MENT OF M	EDICAL NE	CESSITY			
SECTION II	II - General	Medical Eq	<u>uipment</u>					
	that the followin atment program	•	•	sary as part of <u>PLEASE INDICATE:</u> ments are true. LEFT \(\sigma\) RIGHT \(\sigma\) BOTH \(\sigma\)				
LSO L0637/L0650	TLS0 L0456/L0457	ACL L1845/K0902	OA UNLOADER L1843/K0901	HINGED KNEE L1832/L1833	COCKUP	SPICA	CAM WALKER WITH AIR  HI  LO  LO  LO	
LAGE UP ANKLE L1902	HINGED ANKLE L1971	AFO L1932	IMMOBOLIZER L1830	POST OP KNEE L1832/L1833	POST OP ELBOW L3760	ROLLATOR	WALKER WITH WHEELS	
DIAB SHOES/ INSERTS	WHEELCHAIR	POWER WHEELCHAIR  * Power Mobility Evaluation Required.	LYMPHEDEMA PUMP Leg Arm Arm/Chest	□ NEBULIZER □ Pediatric Mask □ Adult Mask	TENS UNIT E0730	TENS PAD REFILLS  Monthly Supply	☐ TENS GARMENTS ☐ Sock ☐ Glove ☐ Neck ☐ Thoracic ☐ Knee	
SECTION IN	V - Provider	Informatio	<u>n</u>					
Physician Name: NPI #:								
Phone:				Fax:				
Address:								
City				State			Zip	
Attending Physi	ician Signature:			Date:				