

Enhanced Mobility Systems, Inc.
(RollerAid Division)
P.O. Box 141103 · Spokane Valley, WA 99214
Telephone: 800-755-0455 · Fax: 509-924-2214
www.rolleraid.com

Patient Name: _____
Date of Birth: _____ Height: _____ Weight: _____
Address: _____ Apt. # _____
City: _____ St: _____ Zip: _____
Contact Phone Number: (_____) _____ - _____
Alternate Phone Number: (_____) _____ - _____

Rx: RollerAid™ 

HCPCS Code: E0118 Durable Medical Equipment – Leg Support Scooter

Diagnosis(es):

_____ ICD9 Code: _____
_____ ICD9 Code: _____
_____ ICD9 Code: _____

Injured Leg: Left Right Date of Need: _____

Expected Duration of Need: _____

Signature: _____ Date: _____

Printed Name/UPIN: _____

Clinic Phone Number: (_____) _____ - _____