

P qp/T gur kt cvqt { 'F O G

Please call (800) 940-5151 before faxing to ensure delivery.

Fax: (800) 676-3127

Patient Name: _____ Date of Birth: _____

Diagnosis: _____

Ordering Physician: _____ Phone: () _____

Contact Person: _____ Phone: () _____

Patient's Height: _____ Weight: _____

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Subscriber's Social Security Number: _____

Emergency Contact: _____ Phone: () _____

Standard wheelchair: Yes No
with ELRs

Lightweight wheelchair: Yes No
with ELRs

Commode: Yes No
Extra wide: Yes No
Standard: Yes No

Standard walker: Yes No

Walker with wheels: Yes No

Platform attachment: Yes No

Hospital bed: Yes No

Other: _____

A Rx should accompany each order.

Physician's Signature: _____ Date: _____

Confidentiality Note: This facsimile and all contents contain confidential information belonging to the sender, which may be privileged, confidential or otherwise protected from disclosure. The information is intended to be for the addressee only. The authorized recipient of this information is prohibited from disclosing information to any other party and is required to destroy the information after its stated need has been fulfilled.

If you are not the addressee, any disclosure, copy, distribution or action taken in reliance on the contents of this facsimile is strictly prohibited. If you have received this facsimile in error, please notify the sender immediately by calling the telephone number above and destroy the original facsimile and all copies.

BC080585-1008



Managed Care Office
8452 118th Ave. N.
Largo, FL 33773