



(718) 418-2000 / FAX: (718) 326-1400

Order Date: ___/___/___

Delivery Date: ___/___/___

Patient Name

Patient's Address

Patient's Phone #

Diagnosis

Height _____ **Weight** _____

Date of Birth [] M [] F

Primary Insurance

Identification Number

Phone Number

Secondary Insurance

Identification Number

Phone Number

Emergency Contact Information
 Name _____
 Phone _____

Referral Contact Information
 Ref. Name _____
 Ref. Phone _____

Special Delivery Information:

Wheel Chairs

- Width 16" ___ 18" ___ 20" ___ 22" ___ 24" ___
- [] Standard w / rem arms
- [] High Strength Lt. Wt. (std ht.)
- [] Hemi HSLW
- [] Recline
- [] Tall Adult
- [] Elevating Swingaway Legrests
- [] Swing Away Footrests
- [] Adjustable Ht. Arms
- Arm Length [] Desk [] Full

Wheel Chair Accessories

- [] Amputee adapters
- [] Anti-Tippers
- [] Arm Trough [] Left [] Right
- [] Brake Ext. (pair)
- [] Heel Loops
- [] Amputee Stump Support [] Left [] Right
- [] Lap Tray [] Half [] Full
- [] Seat Belt
- [] Solid Seat Insert
- [] Transfer Board: Size [] reg. [] Long
- [] Other _____

Cushion

- [] Cushion Size _____" (width) x _____" (depth)
- [] Foam [] 2" [] 3" [] Contoured
- [] Gel w/SSI
- [] Roho
- [] Matrix
- [] Other _____

Hospital Beds / Mattress Accessories

- [] Fully Elec. w/ Mattress and Siderail
- [] Semi Elec. w/ Mattress and Siderail
- [] Manual w/ Mattress and Siderail
- [] Gel Mattress
- [] Low Air Loss Mattress
- [] Alt. pressure Mattress
- [] Overbed Table
- [] Trapeze Bar [] With floor stand
- [] Half Side Rails
- [] Patient Hoyer Lift

Walkers / Crutches

- [] Adult Folding Adjustable (standard)
- [] Wheeled Folding Adult [] 3" [] 5"
- [] Youth Folding Adjustable (standard)
- [] Wheeled Folding Youth [] 3" [] 5"
- [] Tall Folding Adjustable (Standard)
- [] Wheel Folding Tall [] 3" [] 5"
- [] Platform Attachment [] Left [] Right
- [] Crutches Alum. [] Std [] Youth [] Tall
- [] Forearm Crutches [] Std [] Youth [] Tall
- [] Hemi Walker (Side Walker)
- [] Rollator [] Drive [] Invacare
- [] Adj. Alum. Cane
- [] Adj. Alum. Cane Off Set
- [] Quad Cane [] Wide [] Narrow

Bathroom Equipment

- [] Commode Standard [] Heavy Duty
- [] Commode Drop Arm [] Heavy Duty
- [] Raised Toilet Seat w/ clamp [] w/arms
- [] Shower Chair
[] w/Back [] w/out Back
- [] Shower Chair with "U" Front
- [] Toilet Safety Rails
- [] Transfer Tub Bench [] Heavy duty
- [] Transfer Tub Bench Padded
- [] Transfer Tub Bench Padded w/ "U" Front
- [] Tub Rail
- [] Other _____

Physician Name _____	NPI # _____
Physician Address _____	License # _____
Physician Phone # _____	Date ____/____/____
Physician Signature _____	