

# Mobility Equipment Repair Order

## PATIENT INFORMATION

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Order Date: \_\_\_\_\_

Patient Contact Number: \_\_\_\_\_

Patient Height: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

## DIAGNOSIS

☐ DX Code: \_\_\_\_\_

☐ Length of need: 99 or \_\_\_\_\_

## Repair Equipment

- ☐ Manual Wheelchair    ☐ Walker  
☐ Power Wheelchair    ☐ Hospital Bed  
☐ Lift Out Chair        ☐ Patient / Hoyer Lift  
☐ Other : \_\_\_\_\_

## Equipment Ownership

- ☐ Patient owned equipment  
☐ Insurance owned  
☐ Unknown  
☐ Other: \_\_\_\_\_ Date  
Obtained: \_\_\_\_\_

## PHYSICIAN INFORMATION

Practitioner's Name: \_\_\_\_\_

NPI: \_\_\_\_\_

\_\_\_\_\_

Practitioner's Signature

\_\_\_\_\_

Date

**Note:** Fax this form and patient demographic sheet which includes insurance information to 561-290-1434.

**West Palm Beach**  
6782 Forest Hill Blvd, West  
Palm Beach, FL 33411  
561-964-6767

**Atlantic Healthcare Products**  
**Medical Documentation Coordination**  
**Phone: 561-290-1434**  
Fax: 561-290-1434

**Boynton Beach**  
9832 S. Military Trail G1  
Boynton Beach, FL 33411  
561-733-2331