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Wheelchair Equipment Order

PATIENT INFORMATION

Patient: _____

Patient Contact Number: _____

DOB: _____

Patient Height: _____

Order Date: _____

Patient Weight: _____

DIAGNOSIS

DX Code: _____

Length of need: 99 or _____

EQUIPMENT

- Standard Wheelchair
- Hemi Wheelchair (low seat height)
- Lightweight Wheelchair
- Heavy Duty (Pt weight > 250 lbs)
- X- Heavy Duty (Pt weight > 300 lbs)

SAFETY

- Height Adj. Arm Rests
- Elevating Leg Rests
- Anti-tippers
- Heel Loops
- Wheel Lock Extensions
- Safety Belt
- Wchr Cylinder Tank Carrier

COMFORT

- Seat Cushion < 22" wide
- Seat Back < 22" wide

PHYSICIAN INFORMATION

Practitioner's Name: _____

NPI: _____

Practitioner's Signature

Date

Notes: Fax this form, patient demographic sheet and chart notes to 561-290-1434.

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

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