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**179 B Thomas Johnson Drive**

**Frederick, MD 21703**

**PHONE: 301-378-2266 FAX: 301-378-2204**

**Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please send: (Circle the equipment needed)**

Rolling walker 3-in-1 commode

Rollator Standard walker

Bed Handrail Manual Wheelchair

Mattress overlay Power Wheelchair

Suction Grab bar (size\_\_\_\_) Tub Chair

Tub Transfer Bench Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please do the following: (Circle appropriate action)**

Call me to discuss Deliver to patient

Meet with me for evaluation Ship to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment: (Circle one of the following)**

Bill to insurance Bill patient

Loan for evaluation Bill facility

**Documentation attached: (Circle one of the following)**

Demographic sheet Insurance info

Physician orders Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Facility:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person requesting equipment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**