

WHEELCHAIR ORDER FORM

Customer:	Date of Birth:				
Address:					
City: Sta	te:	Z	Zip:		
Phone: Em	ail:				
Please attach the following as applicable: Demographic Sheet Copy of Insurance card(s) Test result(s) Rx(s) Physician's Note: Signed and dated note and/or medical	dical records documentin	g need.			
Wheelchair:		Anatomical Measurements:			
☐ K0001 Standard			ight:		
☐ K0001/E1226 Standard with Full Reclining Back			ee to Back:		
☐ K0002 Hemi-Height	Hip Width:	Se	at-Elbow:		
☐ K0003 Lightweight	Wheelchair Dimen	Wheelchair Dimensions:			
	Width:	Ba	ck Height:		
☐ K0005 Ultra Lightweight	Depth:	Se	at-Floor Height:		
☐ K0006 Heavy Duty					
☐ K0007 Extra Heavy Duty	Length of Need (99	9=lifetime): _			
Diagnosis: 1st:2nd:		3rd:			
s the prescribed wheelchair required for the completion of MICan the patient successfully ambulate in his/her home? Can the patient successfully use a cane, crutches, or walker? s the wheelchair medically necessary for use in the home? Can the patient propel in a standard weight wheelchair? Can the patient propel in a lightweight wheelchair? Notes:	,		No No No No		
Physician's Signature:			Date:		
Physician's Name (printed):					

Options &	Accessorie	S				
	General Use (E26 Skin Protection & Skin Protection (E Skin Protection & Positioning (E260	Positioning (E2622/ 2603/E2604) ** Positioning Adjusta	/E2623)** ble (E2624/E2625)			
	General Use (E26 Positioning Poster Positioning (E261	ior/Lateral (E2615/	= 2616)	2621)		
Residua Residua Rig Elevatir Con Has Has Wheel L	significant edema medical necessity cock Extension H lt: Auto Style	E1020): eft 195): e prevents 90° kneed of the lower extrem of for a reclining back andle (E0961):	e flexion	Adjustable Height Arm Trough (E220 Right Lap Tray (E0950): Full Homeonic Heel Loops (E0950) Anti-Tippers Transfer Board The state of the state	eg): Left alf Right for positioning	Left
Therapist Sign I have examine Physician's Si	nature: ed the patient and o gnature:	concur with the abo	ve recommendation	ns of the therapist.	ate: ate:	
Please fax to y Bel-Red P: 425.451.2842 F: 425.467.6661 Bellingham P: 360.527.0475 F: 360.527.0477	our local Bellev Burlington P: 360.999.5635 F: 360.395.2995 Everett P: 425.258.6700 F: 425.258.6710	ue Healthcare lo Lacey P: 360.438.2955 F: 360.438.2112 Liberty Lake P: 509.850.3997 F: 509.532.1088	Cation. Tacoma P: 253.274.8500 F: 253.274.8501 Tukwila P: 206.724.0033 F: 425.467.6661	Walla Walla P: 509.593.1495 F: 509.231.7101 Wenatchee P: 509.662.8700 F: 509.662.8715	Coeur d'Alene P: 208.676.1768 F: 208.665.9630 Moscow P: 208.997.3033 F: 509.436.1582	Eugene P: 541.359.2471 F: 541.225.5871 Portland P: 503.659.1270 F: 503.659.1520
Bremerton P: 360.373.3600 F: 360.373.3660	Kennewick P: 509.586.2778 F: 509.585.2777	Sequim P: 360.681.0111 F: 360.681.2444	Vancouver P: 360.450.4705 F: 360.450.4017	Yakima P: 509.452.3700 F: 509.452.3701	Bend P: 541.647.1190 F: 541.306.5155	Salem P: 503.436.5859 F: 503.877.6895

Customer Name: ______ DOB: _____