

Rx needs all this information please.

Today's Date

Patient Name

Date of face-to-face exam

Choose the item ordered and write exactly as below:

Superstand Wheelchair Model SS-1 Manual
Superstand Wheelchair Model HPS-2 Half-Power
Superstand Wheelchair Model PS-2 Full Power

Diagnosis ICD-9 code, and written description

Length of need (example: lifetime)

Physician Signature