

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

(Please do not use this form as your Rx pad. Rx must be written on  
your official Rx pad)