



**Doc Supply Rehab**  
Serving West Tennessee &  
North Mississippi

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Call (901) 489-6641 with any questions, or for assistance, in completing this form!

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Diagnosis (Include ICD-10): \_\_\_\_\_

### Equipment Order (Check All Appropriate Boxes)

Please also send Patient's demographic sheet along with this order

- Power Wheelchair
- Tilt-in-Space Manual Wheelchair
- Ultra-Light Manual Wheelchair
- Wheelchair Seating

**Rx:  Physical / Occupational Therapist to Evaluate for Mobility Needs**

These devices require either a PT or OT evaluation from someone who does not have a financial relationship with Doc Supply Rehab as well as a Face to Face by MD.

I AM PRESCRIBING THE EQUIPMENT LISTED ABOVE AND HAVE DETERMINED IT TO BE MEDICALLY NECESSARY

Length of Need: \_\_\_\_\_ (99=Lifetime)

Physician/Physician's Assistant/Nurse Practitioner Signature/NPI#: \_\_\_\_\_ Signature Date: \_\_\_\_\_

**Fax Order To: 800-481-1206**