



Doc Supply Rehab
2002 S. Main St
Columbia, TN 38401

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Call (615) 517-2070 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: 629-240-6014