

AXIOS

MEDICAL EQUIPMENT

DME Written Ordr Prior to Delivery

POWER WHEELCHAIR ORDER

PHONE: 312-738-2330

FAX: 312-738-2395

PATIENT NAME: _____	ORDER DATE: _____
PATIENT D.O.B: _____ SSN / MEDICARE #: _____	DISCHARGE DATE: _____
HEIGHT: _____ WEIGHT: _____ PHONE NUMBER: _____	LENGTH OF NEED: _____

POWER WHEELCHAIR PACKAGE

POWER WHEELCHAIR, GROUP 2 STANDARD (K0823) QTY: 1

- CAPTAINS CHAIR - QTY: 1
- U-1 SEALED LEAD ACID BATTERY (E2365) - QTY:1
- ADJUSTABLE HEIGHT ARMS (E0973) - QTY: 2

PLEASE CONTACT YOUR AXIOS MEDICAL EQUIPMENT ACCOUNT MANAGER AS SOON AS POSSIBLE TO COORDINATE THE ORDER AND DELIVERY OF THESE ITEMS.

Axios Medical Equipment

PHONE : (312) 738 - 2330

FAX : (312) 738 - 2395

I certify that this patient is under my care and that I, a Nurse Practitioner, or Physician's Assistant working with me, and had a face to face encounter that meets the physician face to face encounter requirements with this patient.

PHYSICIAN NAME: _____

NPI #: _____

PHYSICIAN SIGNATURE: _____

DATE: _____

Note: Please maintain a copy of the Written Order, which must be kept on file for 7 years or longer if required by state law.

Version: 061119