

Prescription

Today's Date:

Doctor's Name, Address, and Phone Number

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-10, and written description

Length of Need (example: Lifetime)

Physician Signature

Please do not use this form as the Rx Pad. Rx must be written on
official Rx Pad.