



Written Order Prior to Delivery

Phone: 586-778-2500
Fax: 866-565-5190

Manual Wheelchairs
(Standard, Lightweight, Heavy Duty)

Per Medicare requirements, a SIGNED PHYSICIAN'S ORDER is required PRIOR TO delivery.

Please answer all questions below and return to Renaissance Medical. In addition, please make sure a signed copy is kept in your patient's file. As of July 1, 2013, you must forward documentation of a face to face evaluation before delivery can be made.

Patient Full Name: _____ Date of Birth: ____/____/____

Address City/St/Zip: _____

Medicare # _____ Other Ins Type & # _____

Referring Facility: _____ Contact Name: _____ Phone: _____

Deliver To: [] Facility [] Home Req Delivery Date: _____ Approx Time: _____ Discharge Date: _____

Form containing criteria for Manual Wheelchairs (Standard, Hemi Height, Lightweight, High Strength Lightweight, Heavy Duty, Extra Heavy Duty) and a list of 7 questions regarding patient mobility and caregiver availability.

Diagnosis(es) that qualify the need of item delivered: _____

Ordering Physician, PA, or Nurse Practitioner Name (Please Print): _____

Ordering Physician, PA, or Nurse Practitioner Signature: _____ Date: ____/____/____

NPI: _____

Please Fax This Page with Patient Demographics To: 1•866•565•5190