



MISSION MEDICAL SUPPLY
4444 EL CAJON BLVD STE. 3 SAN DIEGO, CA. 92115
TEL: 619-229-9597 FAX: 619-229-9594
EMAIL: MISSIONMDE@GMAIL.COM

DURABLE MEDICAL EQUIPMENT MANUAL WHEELCHAIR ORDER

ORDER DATE:

PHYSICIAN NAME:

NPI NO:

ADDRESS:

CITY / STATE / ZIP:

TELEPHONE:

FAX:

EMAIL:

PATIENT NAME:

HEIGHT:

WEIGHT:

ADDRESS:

CITY / STATE / ZIP:

TELEPHONE:

ALT PHONE:

DATE OF BIRTH:

MEDICARE NO:

MEDICAL NO:

TYPE OF MANUAL WHEELCHAIR ORDER

- Light weight Wheelchair Ultra light Wheelchair Standard Wheelchair
 Heavy Duty Wheelchair Reclining Wheelchair Hemi Wheelchair

OTHER:

INCLUDED THE BELOWS NECESSARY ACCESSORIES:

- FOOT REST ELEVATING LEG REST ANTI TIPPER BRAKE EXTENSION SEAT BELT
 SEAT AND BACK CUSHIONS SEAT CUSHION ONLY BACK CUSHION ONLY
DETACHABLE ARMREST ____ YES ____ NO

DIAGNOSIS CODE:

LENGTH OF NEED: _____

PHYSICIAN SIGNATURE: _____

DATE: _____