



## WHEELCHAIR PRESCRIPTION FORM

**Physicians:** Please fax referral and face sheet to 559.713.6012

**Patients:** Please call 559.713.6461 to schedule

### Patient Information:

Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Weight:	Height:
Address :	Phone #:	

### Needed Documentation: (in the past 90 days)

- ☐ History & Physical/Progress note
- ☐ Insurance
- ☐ Medlist
- ☐ PT order

### Insurances Accepted (MediCal: not contracted)

- ☐ Medicare ☐ Worker's Comp ☐ Blue Shield
- ☐ Anthem Blue Cross ☐ Cash Pay

, , Rrgcug'E CNN'wu'q'ej genlkpwtcpeg"eqxgtci g, ,

### Order:

- ☐ PT/OT to Eval and Treat (check one below)
  - ☐ Custom Wheelchair evaluation
  - ☐ Durable Medical Equipment Evaluation

### Medical Justificaton:

1) Length of Need: Lifetime unless specified  
\_\_\_\_\_ Months or Lifetime (circle one)

2) Diagnosis: \_\_\_\_\_ DX Code: \_\_\_\_\_

3) Prognosis: ☐ Good ☐ Fair ☐ Poor

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPI # \_\_\_\_\_

Physician's Name (Printed) \_\_\_\_\_

Address: \_\_\_\_\_

Phone # ( ) - \_\_\_\_\_ Fax # ( ) - \_\_\_\_\_

**"Helping Improve Our Patients' Quality of Life"**

2230 W Sunnyside Ave Suite 1 Visalia , CA 93277

Office: 559.713.6461 | Fax: 559.713.6012 | Web: [www.vaptpc.org](http://www.vaptpc.org) | Group NPI: 1215655238