

Tri-State Medical Supply LLC

6392 Hwy 51 N.

Pope, MS 38658

Ph: (662) 267-3112

Send orders via: Fax: (662) 267-3289 or Email: tri-statemedicalsupplyllc@outlook.com

PATIENT INFORMATION:

Order Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone #: _____

Primary Insurance: _____ Policy #: _____

Attention – Please check the appropriate wheelchair and the accessories needed. If your patient qualifies for a wheelchair, they can receive the comfort items listed under accessories. Please give your patient additional comfort accessories. A wheelchair can become uncomfortable after 2-3 hours of sitting.

Wheelchairs:

(up to 250 lbs.) ☐ Standard (K0001) ☐ Light Weight (K0003)

(over 250 lbs.) ☐ Heavy Duty (K0006)

(over 300 lbs.) ☐ (K0007)

☐ Barriatric Transport Chair 300 lbs. (E0139) ☐ Standard Transport Chair E1038 (Wt up to 300Lb)

Wheelchair Accessories:

☐ Elevating Leg Rests (K0195)

☐ Footrest (E1130)

☐ Heel Loops (E0951)

☐ Adjustable position back cushion (E2611)

☐ Seat Cushion (E2601)

☐ Wheel Lock Extensions (E0961)

☐ Anti-Tippers (E0971)

☐ Seat Belt (E0978)

☐ Adjustable Height Arms (E0973)

Length of Need: _____ (99 equals lifetime)

PRESCRIBING PHYSICIANS' INFORMATION:

Physician Name: _____ NPI: _____

Physician Signature: _____ Date: _____

Physician Phone #: _____ Fax #: _____