



Rehab Services, LLC
100 Cathedral Street, Suite 2
Annapolis, MD 21401

Phone/Fax: 800.486.5633
RSmedco.com

NPI: 1487696852

Knee Scooter – E0118

Physician Order, Prescription and Certificate of Medical Necessity

Patient Name: _____ Date of Order: _____

Patient Phone Number(s): _____

Date of Surgery (if applicable): _____

Primary Diagnosis Code or Description: _____

Side: Left Right

Duration of Medical Necessity:

4 weeks 6 weeks 8 weeks 12 weeks Other _____

Notes: _____

Medical Necessity / Physician Order:

I have assessed this patient's risk and in my opinion deem this Knee Scooter listed above to be medically necessary and in accordance with standards of medical practice. I certify that the above prescribed medical equipment is in my opinion reasonable for this patient's condition.

Physicians Signature: _____ Date: _____

Physicians Printed Name: _____

Fax to 800.486.5633. Please include Patient Demographic Sheet.