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EQUIPMENT SUPPLY STANDARD WRITTEN ORDER

PATIENT NAME: _____ **HIC#:** _____

ADDRESS: _____

PHONE: _____ **DOB:** _____

DATE OF ORDER: _____ **LENGTH OF NEED:** _____

DIAGNOSIS: (LIST ALL) _____

ITEMS ORDERED:

__ **L3000** Foot, insert, removable, molded to patient model, berkeley shell, each

PHYSICIAN NAME: _____ **PHYSICIAN NPI:** _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

PHYSICIAN SIGNATURE: _____ **DATE:** _____

I certify that I am the prescribing physician. I have reviewed this standard written order and confirm the items prescribed and diagnosis are to the best of my knowledge accurate.

PLEASE PROVIDE CHART NOTES FOR ABOVE ORDERED EQUIPMENT.