7001 St. Andrews Rd A-17
Columbia, SC 29212
Phone: 800.484.4627
Fax: 866.771.6123
NPI#:168949737
TAX ID: 45-4774794

SOLUTIONS
ORTHOCARE

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.