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**EQUIPMENT SUPPLY STANDARD WRITTEN ORDER**

**PATIENT NAME:** \_\_\_\_\_ **HIC#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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**DATE OF ORDER:** \_\_\_\_\_ **LENGTH OF NEED:** \_\_\_\_\_

**DIAGNOSIS: (LIST ALL)** \_\_\_\_\_

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**ITEMS ORDERED:**

\_\_ **L4386** Walking boot, non-pneumatic, with or without joints, with or without interface material, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

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**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.**