PEORIA SPECIALTY, INC.
8703 E N. UNIVERSITY ST
PEORIA, IL 61615
PHONE 309-693-4459
FAX 309-693-5801

PHYSICIAN ORDER – GENERAL USE WHEELCHAIR CUSHION

PATIENT NAME:_____

PATIENT ADDRESS:_____CITY:_____

STATE:_____ ZIP:_____

ESTIMATED LENGTH OF NEED:_____ (LIFETIME = 99)

DIAGNOSIS:_____

TYPE OF WHEELCHAIR CUSHION: ☐ E2601-SEAT ☐ E2611-BACK

ALLOWABLE: $64.22 $327.97

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1. Does the patient qualify for a wheelchair under Medicare guidelines? ☐ **YES** ☐ **NO**

Physician Name:_____Phone:_____

Physician Address:_____

Physician NPI:_____

Physician Signature:_____ Date:_____