



**301 RUSHING DRIVE
HERRIN, IL 62948
OFFICE 618/998-9250
FAX 618/997-1385**

PHYSICIAN ORDER FORM

PATIENT NAME: _____
ADDRESS: _____

DOB: _____

PHYSICIAN NAME: _____
ADDRESS: _____

PHONE: _____

ORDER: PT/OT WHEELCHAIR EVALUATION



ICD-10 DIAGNOSIS CODE:

PHYSICIAN SIGNATURE: _____

DATE: _____