

MEDICAL PRESCRIPTION REQUEST FORM

Patients Full Name: _____ HOME: _____
Patients Address: _____ WORK: _____
Street Address / Apartment Number (NO PO BOX) EXT: _____
City State Zip Code CELL: _____

The person indicated above has been Medically evaluated and has the following medical condition(s):

- The patient has been diagnosed with an **Arm injury** and has had surgery is waiting for surgery
- The patient has been diagnosed with **Lower Back pain** and has had surgery is waiting for surgery
- The patient has been diagnosed with severe **hip pain** and has had surgery is waiting for surgery
- The patient has been diagnosed with severe **knee pain** and has had surgery is waiting for surgery
- The patient has been diagnosed with severe **Leg/Foot pain** and has had surgery is waiting for surgery
- The patient has been diagnosed with **severe arthritis** and has had surgery is waiting for surgery
- The patient has been diagnosed with **excessive weight** and has had surgery is waiting for surgery
- The patient has been diagnosed as a **expectant mother** and has had surgery is waiting for surgery
- The patient has a severe **neuromuscular** disease and has had surgery is waiting for surgery
- The patient is completely incapable of standing up from a regular armchair or any chair in his /her home any other place he/she may be visiting?
- Once standing, the patient does or does not have the ability to ambulate
- The above MEDICAL CONDITIONS have all been so noted in the patients personal Medical Records
- Others, please specify _____

R_x I certify at this time the patients Height is ____feet ____ inches tall, and their current weight is _____, and when the patients is sitting in a regular arm chair I find their feet is ____ inches from the ground .

I also certify that I have personally treated the above patient, and after the above findings I hereby find that it is a Medical Necessity to write the following prescription for my patient to purchase one or both of the following Portable Lift Chairs from **www.PortableLiftChairs.com**.

- One Portable Lift Chair with SEAT LIFT MECHANISM - with an attach commode seat.
- One Portable Lift Chair with SEAT LIFT MECHANISM - without an attached commode seat.



Affix Doctors Stamp Below:

Physicians Signature M.D.