



**SSM**Health.  
*at Home*

## Standard Written Order for Manual Wheelchair

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Diagnosis ICD-10 Codes (conditions that relate to the need for equipment):

Description of equipment ordered:

Length of need: 12

Provider Name (please print): \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Address: \_\_\_\_\_

NPI#: \_\_\_\_\_

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phone: 800-732-1313 · fax: 920-923-2096

**[ssmhealth.com/HomeHealthReferrals](http://ssmhealth.com/HomeHealthReferrals)**