

---

PATIENT NAME: Bridget Froelich (F)

INSURANCE ID#: XOG901028320 DOB: 12/20/1985

ADDRESS: 0S080 WINFIELD RD APT319 WINFIELD, IL 60137

PHONE #: (630) 716-0610

---

**MEDICARE DESCRIPTION AND PROCEDURE CODES:**

- POWER WHEELCHAIR GROUP STANDARD CAPTAIN CHAIR K0823 #1;
- BATTERY E2365 #2

**VISION SPORT P322**



Mid-wheel drive design provides outstanding maneuverability in tight, compact spaces.

- Patented articulation mechanism allows front wheels climbing up the step/ threshold easily.
- Low center of gravity provides a smooth and stable ride both indoors and outdoors.
- Dual in-line motors for enhanced efficiency, torque, range and performance.
- Full suspension design offers a comfortable ride.
- Swing back controller bracket is standard.
- Height and width adjustable armrest, semi reclining backrest and height adjustable seat.
- Excellent stability on footplate.

Driving Range	29 km / 18 mi.
Max Speed	8 km/h , 5 mph
Battery Type	12V U1x 2 pcs
Motor	DC 24V , 160W (Rating) / 520W (Max)
Max Climbing Angle	6°
Turning Radius	51 cm / 20"
Ground Clearance	5 cm / 2"
Controller	PG nVR2 50A / DY LiNX
Charger	4A off-board
Weight Capacity	136 kg / 300 lb
Total Weight	84 kg / 185 lb
Front wheel	F/R 6" x 2" PU tire
Drive Wheel	10" (260 x 85) Foam filled tire
Rear wheel	F/R 6" x 2" PU tire

**As the ordering physician I approve the above described item as appropriate for the patient's needs.**

#### **DOCTOR'S INFORMATION.**

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_