

# ADVANCED MEDICAL SUPPLY, INC.

3322 N Milwaukee avenue, Chicago, IL 60641

Phone: 773-205-6993 Fax: 773-205-6994

## DELIVERY TICKET.

Patient's Name:	Arjelia Figueroa	Date: 10/16/25	
Address:	1740 W Taylor Sr Chicago Il 60612		
Phone:	312-355-4489 Abena Bredu – UIC Director		
Note:	UIC Room W574-B		
Quantity delivered	Description	CPT code	Quantity ordered
	Heavy Duty Manual Wheelchair 24"	K0007	1
	Brand: Rhythm		
	Model: M170-5-224ELR		
	SN:24IAY000929		
	Elevating lag rest	E0990	2
	Wheelchair Seat Cushion 24 in	E2602	1

I hereby request that payment of authorized insurance benefits be made on my behalf to Advanced Medical Supply for equipment and/or services furnished to me by the aforementioned supplier. I authorize any holder of medical information about me to release to the Center for Medicare and Medicaid Services, health insurances or their agents any information needed to determine these benefits.

SIGNATURE OF PATIENT: \_\_\_\_\_

SIGNATURE (if other than patient): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

COMPANY REPRESENTATIVE: \_\_\_\_\_