

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 leg 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: _____