

Script Date:

Patient :

Address:

Phone#:

DOB:


E0218/E0217 Cold Therapy Machine

L0631/L0648 Lumbar Sacral Brace with Cold Gel Pack

Other:

Diagnosis:

Doctor Name Printed: Billy H Ford

Signature 

NPI#: 1871524538

Address: 255 Broadway, Lynbrook, NY 11563

Phone Number: 917-923-0729

Dated: