Ergo Midwest, Inc.

"The Science of Positive Outcomes"

ORDER FORM

DATE: _____ TIME: _____ (CIRCLE ONE) DELIVERY PICK-UP SERVICE ROOM CHANGE

FACILITY: _____

ADDRESS: _____

CONTACT: _____ PHONE #: _____

PATIENT NAME: _____ WEIGHT: _____
LAST FIRST

ROOM #: _____ P.O. #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

EQUIPMENT: _____ SERIAL #: _____

TIME STARTED: _____ AM/PM TIME COMPLETED: _____ AM/PM

LABOR TIME: _____ TRAVEL TIME: _____

COMMENTS: _____

_____

Customer's signature below acknowledges that they have been in-serviced on the proper use of all equipment delivered. If an in-service on equipment delivered was refused, customer name & title refusing in-service noted as:

CUSTOMER SIGNATURE: _____ DATE: _____

TECHNICIAN NAME AND SIGNATURE: _____

11993 Borman Drive • St. Louis, MO 63146
314-872-7760 • FAX 314-872-3575 • TOLL FREE: 1-877-387-ERGO