



5609 First Avenue Suite A2  
Kearney, NE 68847

PH: 308.698.0500

Fax: 308.698.0502

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ DX Code #: \_\_\_\_\_

Rx \_\_\_\_\_ Functional Level: \_\_\_\_\_

---

---

**Medical Justification for Item Prescribed:**



Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPI #: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

---