

# Detailed Product Description

Customer Name:

RTS:

Address:

Phone:

Phone:

Fax:

Qty	Manufacturer	Model	Part Number	Description	Code	Code Description	Billed	Allowable

Physician Name (Print):

UPIN:

Street Address:

City:

State:

ZIP:

Telephone #:

Signature: \_\_\_\_\_

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