

Spec Sheet

Customer Name:

Evaluation Date:

RTS:

Address:

Facility:

Therapist:

Phone:

Phone:

Phone:

Fax:

Primary Funding

Secondary Funding

Tertiary Funding

% Discount Off Std Fee:

Profit Margin by Allow:

Profit Total:

Qty	Item Number	Manufacturer	Model	Description	Primary Code	Secondary Code	Tertiary Code	Primary Reimb.	Secondary Reimb.	Tertiary Reimb.	Total Reimb.	Retail	Cost	Bill	Profit Margin
GRAND TOTALS:															

Notes: