

FORWARD ENTERPRISES, LLC.

Client Information: Please read carefully, supply information & sign

Physician: please provide the following information for the patient. It is important to answer all of the questions for this equipment. Equipment pricing includes ground freight to the patient, return freight and technical support.

Patient Name: _____ Date: _____

Phoenix Series CPM



Model 1850
Digital Display

Model 1800
Analog Controls

Phoenix Series Knee CPM

- Check One 1800 with Analog Controls
 1850 with Digital Display and Controls

Range of Motion (ROM)

Starting: Extension _____ Flexion _____

Ending: Extension _____ Flexion _____

or
 Advance ROM as tolerated

_____ Total Hours of use per day

Disposable Patient Kit - Included

Diagnosis _____ ICD-9 _____

Physician's Signature: _____ Date: _____

Physician Name (Please Print): _____ UPIN: _____