



Meeting your physical challenge®

**SEATTLE**  
411 12<sup>th</sup> Avenue  
Seattle, WA 98122  
(206) 328-4276-phone  
(206) 328-1037-fax

www.cposeattle.com

**BELLEVUE**  
1231 116<sup>th</sup> Ave NE, Ste 725  
Bellevue, WA 98004  
(425) 454-4276-phone  
(425) 454-3445-fax

Hours: **Mon-Fri 8:30-5:00** (by appointment)

*Per Medicare guidelines, the following must be completed by referring physician*

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Patient Address:** \_\_\_\_\_

**Rx**

Right  Left  Bilateral

**Diagnosis ICD 10 Code(s):** \_\_\_\_\_ **Substitution Permitted?** Yes  No

**Prognosis:** \_\_\_\_\_

**Length of Need:** **Weeks** \_\_\_\_\_ **Months** \_\_\_\_\_ **Years** \_\_\_\_\_  
(A number must be used to specify weeks, months or years)

\_\_\_\_\_, M.D. **Date:** \_\_\_\_\_

**Physician's Signature**

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

**UPIN#** \_\_\_\_\_ **NPI#** \_\_\_\_\_

**Phone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_