

Medical Authorization Form

Please return via Fax or mail (all information is required)

Claflin Equipment Sales & Service

1206 Jefferson Blvd.

PO Box 6887

Warwick, RI 02887

Fax: 888-685-5455

Phone 800-338-2372

PATIENT'S INFORMATION:

Patient's Name: _____

Patient's Address: _____

City _____ State _____ Zip _____

Patients Telephone Number (if known) _____

PHYSICIANS INFORMATION:

Authorizing Physician's Name: _____

Physician's Address: _____

City _____ State _____ Zip _____

Physician's Phone Number: _____

UPIN Number _____

Physicians Signature

Date

Please Visit Us Online at www.ClaflinEquip.com