



**activelife**  
medical products inc.

4217 Coronado Ave. Unit D  
Stockton, CA. 95204  
Phone: 800-511-9744 / Fax: 209-939-1212  
Email: Support@activelifemed.com

**Fax Order Form**

Please be as complete as possible when filling out this form.  
Incomplete information could delay shipment of your patient's order.

New Order  Reorder

**Patient Information**

Patient Name: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Alt. #: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Gender:  Female  Male  
 DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Insurance Information**

Medicare ID #: \_\_\_\_\_  
 Medi-Cal ID #: \_\_\_\_\_  
 Health Plan of San Joaquin ID #: \_\_\_\_\_  
 Other: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Secondary Insurance: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Policyholder's Name: \_\_\_\_\_

**Referral Information**

Referred By Co.: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Date Referral Faxed On: \_\_\_\_\_  
 Referral Contact Person: \_\_\_\_\_  
 Contact Person #: \_\_\_\_\_ Ext: \_\_\_\_\_

**Physician Information**

Physician name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite/#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_

**Equipment Selection (Please select all that apply)**

**Manual Wheelchairs**

Standard Weight Seat Width:  16"  18"  20"  22"  24"  ELR  
 Lightweight Seat Width:  16"  18"  20"  22"  ELR  
 Seat Cushion  Back Cushion We will match cushion size to item

**Incontinence Supplies**

Protective Underwear  Disposable Brief/Diaper  Underpads  Pads/Liners  
 Belted Undergarments  Reusable Underwear  Waterproof Sheeting  
 Creams  Washes  Gloves  Wipes Size:  S  M  L  XL

**Walking Aids**

Front, 2-Wheel Walker  Junior  Tall  Standard  Bariatric  
 4-Wheel Rollator  Junior  Standard  Bariatric

**Bathroom Safety**

Bedside Commode  Wheeled Commode  Standard  Bariatric  
 Transfer Bench  Shower Chair  Raised Toilet Seat  Standard  Bariatric  
 Grab Bars  12"  16"  18"  24"

**Hospital Beds**

Semi-Electric Hospital Bed  Standard  Bariatric  
 Support Mattress  Gel Overlay  Bariatric

**Power Wheelchairs**

Power Wheelchair Seat Width:  16"  18"  20"  22"  ELR

**Patient Lifts**

Manual Patient Lift  Standard  Bariatric

**Pressure Prevention**

Support Mattress  Air APP  Air APM  Gel  Bariatric  
 Seat Cushion Width: \_\_\_\_\_ Depth: \_\_\_\_\_  Back Cushion Width: \_\_\_\_\_

**Important:** This form contains confidential information, some or all of which may be protected health information as defined by the Health Insurance Portability & Accountability Act (HIPAA) privacy rule. This transmission is intended for the exclusive use of the individual or entity to which it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are NOT the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.