

Clinicare Medical Resources, Inc.

9245 Lazy Lane, Tampa, FL 33614

Phone: (813) 935-1341 ~ (800) 603-3737

Fax: (813) 935-8770 ~ (800) 603-3939

Delivery Verification

Attn: _____

Patient Name: _____

Product

Description

Quantity

Please Complete:

Comments on equipment received: (ie: damaged, missing pieces, etc.)

Date received: ____/____/____

Signature/verifying

delivery: _____

Print Name / Title

Note: Orthotic devices are patient specific products that are paid for by the patient's own Medicare insurance. All warranties are void if the orthotic is used on any patient other than the one the product was originally ordered for.

This form is necessary for Medicare accountability and will be on file for the above patient. Thank you for your cooperation in completing this form and returning it for our records.

**Please Sign & Fax to 800-603-3939
For Patient Folder**