



Wabash Medical Company

7750 Zionsville Rd.
Indianapolis, IN 46278
Phone: 317-704-3300

Delivery Ticket

Date: _____

CPM

Qty	Brand	Serial	Description
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_____	_____	_____	
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- Knee CPM
- Shoulder CPM
- Elbow CPM
- Ankle CPM
- Other: _____

Game Ready

Qty	Serial	Description
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_____	_____	
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- Knee
- Shoulder
- Elbow
- Ankle
- Hand/Wrist
- Back

Equipment Delivery Date: _____

Patient Name: (please print) _____

Patient's Medicare #: _____

Patient's Signature: _____

If patient is unable to sign because they are incapacitated, a legal guardian or legal representative must sign and describe their capacity.