



Wabash Medical Company

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

Order Form

Date: _____

- CPM
- Game Ready

From: _____

Patient Name: _____

Date of Surgery: _____

Start time of Surgery: _____

Procedure: _____

- In-patient
- Out-patient

Please indicate place of surgery:

Name: _____

Address: _____

Phone: _____

Please fax patient's insurance sheet with this form to (317) 704-3303. If you have any questions please call (317) 704-3300.

Thank you for the opportunity to serve you!