



Tomorrow's Medical Product Solutions Today

P.O. BOX 549, LEWIS CENTER, OH 43035
1-800-547-3330, 1-740-657-3330, FAX: 1-877-247-3330

<u> </u> RENTAL	PATIENT	<u> </u> MICHAEL HARRIS	CLAIM #	<u> </u> NIMDA299369-980H
<u> X </u> INS. PURCHASED	EMPLOYER	<u> </u> NORTH POLE, INC.	ACCT. #	<u> </u> 03M18611
<u> </u> SUPPLY ONLY	CUSTOMER #	<u> </u> MM9901	UNIT TYPE	<u> </u> SHOWER CHAIR

SERIAL NO.:

PROGRESS REPORT

1. FREQUENCY AND DURATION OF TREATMENTS:

2. PERCENTAGE OF PAIN RELIEF:

3. CARRYOVER:

4. AMOUNT OF PAIN MEDICATION BEING TAKEN:

5. GENERAL COMMENTS:

Hello Janine! Thank you for allowing Modern Medical to provide the pill organizer to Michael. We are pleased to be of service! I have informed Michael that we have ordered this item for him and he should receive it soon. I will confirm that he receives the organizer without any problems. Thank you! Jennifer 11/7/03

BASED ON THE ABOVE FOLLOW UP CALL THE FOLLOWING SUPPLIES WILL BE SENT:
1ea-#91340 weekly pill organizer from Organize Everything

THE FOLLOWING CHARGES WILL BE MADE:

 x SUPPLIES STATED ABOVE.

 SUPPLIES SENT AT INITIAL DELIVERY: **keep**

 STARTER PACKAGE @ **\$0.00** **x** PURCHASE @ **\$30.50**

 MONTHLY RENTAL @ **\$0.00** (MONTH NO.:)

 UNIT TO BE REFURBISHED AND STORED @ **\$0.00**

 HOME FITTING @ **\$0.00**

 FINAL RENTAL INVOICED AND NOW OWNED BY INSURANCE/EMPLOYER WHEN PAYMENT IS MADE.

NO CHARGE FOR UNIT TO BE RETRIEVED.

Prepared By: **JENNIFER**

Date: **11/23/2006**

