

Certification of Pick-up

Date: _____

Patient: _____

I received a Durable Medical Product of either a :

1. AFO
2. Ritchie Brace
3. Amerigel/wound care product
4. Diabetic shoes/inserts
5. Splint/Boot
6. Other _____

This is possibly a covered service and will be billed for me by Dr. Scott O'Connor.

Signature: _____