

# Developing Potential, Inc.



120 West Walnut Street  
Independence, Missouri 64050  
(816) 252-0086 Fax (816) 252-3552

Customer Name: \_\_\_\_\_

Type of Device: \_\_\_\_\_

Reason for Device: \_\_\_\_\_

Directions for correct device usage (if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This doctor's order for assistive device is good for: 3 months      6 months      1 year  
*(Doctor's orders must be updated every three months if not indicated by different length of time on this form)*

Customer Name: \_\_\_\_\_

Type of Device: \_\_\_\_\_

Reason for Device: \_\_\_\_\_

Directions for correct device usage (if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This doctor's order for assistive device is good for: 3 months      6 months      1 year  
*(Doctor's orders must be updated every three months if not indicated by different length of time on this form)*

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***All assistive devices must have a current doctor's order that need to be utilized by a customer at DPI. Please contact DPI with any questions regarding assistive devices.***