



**Peaks & Plains, Inc.**  
**6326 E. Trent Ave. Ste. A**  
**Spokane Valley, WA 99212-1220**  
**Phone 1-800-585-4201**  
**Fax 1-800-890-9947**

**REQUEST TO ADD PRODUCTS OR INCREASE CURRENT PRODUCT AMOUNT**

DATE:

REQUESTED BY:

RESIDENT:

FACILITY:

REQUESTED CHANGE:

REASON FOR CHANGE :

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This form must be completed and returned before the revised Dr's. Order can be submitted. We will then send a revised Order to the resident's physician, requesting that the above products be increased or added to the current order. We will ship the added product when that Order has been completed and returned to our office.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
**(FORM MUST BE SIGNED BY THE RESIDENT OR THE RESIDENT'S POA)**

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