



2445 N.W. Loop, Suite B • Stephenville, TX 76401 • 254-968-6999 • 1-800-460-9996

Change of Supplier:

I, \_\_\_\_\_, have requested that  
(Client's Name)

\_\_\_\_\_ pick up their equipment and transfer all  
(Current Suppliers Name)

current and previous prescriptions, certificates of medical necessity forms, copy of their pick-up ticket, and any needed billing information for the following equipment:

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to Tanglewood Medical Supplies, Inc. I have decided to use Tanglewood as my Medical Equipment provider as of \_\_\_\_\_. I have made this decision strictly on my own, without, any coercion or persuasion from any person affiliated with Tanglewood Medical Supplies, Inc.

\_\_\_\_\_  
(Client Signature)

\_\_\_\_\_  
(Date)

Current Supplier Info:

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

Address: \_\_\_\_\_

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