



Adair County Medical Clinics
Greenfield|609 SE Kent|50849|641.743.6189
Stuart|303 SW 7th Street|50250|515.523-2513

Timothy Pearson, DO
Rebecca McCann, ARNP
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Date: _____

Patient Name: _____
Address: _____
City/State/Zip _____
Patient DOB _____

The above named patient is under our care for conditions that meet requirements for handicap plates/devices.

Qualifies for:

- _____ Permanent Privileges
- _____ Temporary Condition _____
- _____ The person cannot walk two hundred feet without stopping to rest.
- _____ The person cannot walk without the use of, or assistance from a brace, crutch, another person, prosthetic device, wheelchair, or other assisting device
- _____ The person is restricted by lung disease.
- _____ The person uses portable oxygen
- _____ The person has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association
- _____ The person is severely limited in the person's ability to walk due to an arthritic neurological, or orthopedic condition

Provider