

Practice Name

PHYSICIAN ORDER AND PERSCRIPTION

Patient Name _____

Date _____

Address (city, state, zip) _____

Insurance ID _____ Date of Birth _____ Male ___ Female ___

Waist Circumference (around belly button) ___ Shoe Size _____ Knee Circumference _____

DR NAME, NPI, ADDRESS, PHONE AND FAX #

This patient is being treated under a comprehensive plan of care for orthopedic pain management. I the undersigned certify that the prescribed orthosis is medically necessary for the patient's overall treatment of:

WRIST/HAND

- Carpel Tunnel Syndrome (354.0)
- Sprains & Strains of the Wrist and Hand (842.00)

other _____

NECK/SPINE

- Lumbosacral Radiculitis (724.4)
- Spinal Stenosis (724.0)
- Muscle Weakness (723.1)
- Cervicalgia (756.12)
- Lumbar Disc Displacement (722.10)

- Lumbar/Lumbosacral Disc Degeneration (722.52)
- Lumbosacral Plexus Lesion (353.0)
- Lumbar Strains/Sprain (847.2)
- Osteoporosis (733.0)
- other _____

KNEE/LEG

- Rheumatoid Arthritis (714.0 – 714.4)
- Osteoarthritis (715.16, 715.26, 715.36, 715.96)
- Knee Instability (718.86)
- Other _____

- Sprain of the Lateral Collateral Ligament (844.0)
- Sprain of the Medial Collateral Ligament (844.1)
- Sprain of the Cruciate Ligament of the Knee (844.2)

For Spine bracing please check the applicable option(s):

- To facilitate healing following a surgical procedure on the spine or related soft tissue
- To facilitate healing following an injury to the spine or related soft tissue
- To reduce pain by restricting mobility of the trunk
- To otherwise support weak spinal muscles and/or a deformed spine

PLEASE DISPENSE THE FOLLOWING PRODUCT:

- L3908 Universal Wrist Splint** - WHFO, rigid w/o joints
- L0174 Universal XTW Cervical Collar** - Cervical Collar, Semi-Rigid with Thermoplastic Foam. Two Pieces with Thoracic Extension
- L0627 Prolign® Low Profile Back Brace** – Sagittal control with posterior support that extends from L-1 below L-5.
- L0631 Prolign Pro® Lumbar Orthosis** – Sagittal control with Rigid Anterior Insert to provide support to the Intra-Abdominal and Viscera Region helping to unload the spine under gravitational load. Posterior plastic insert to Maintain neutral sagittal alignment. Extends from sacrococcygeal junction to T9 vertebra.
- L1832 Warrior® Pro Knee Brace** - Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, For Mild to Moderate ACL, PCL, MCL, LCL, or Combined Ligament instabilities.
 - L2810 Bilateral Condylar Pad** - Addition to lower extremity orthosis, knee control, condylar pad

Rx ___ Estimated Length of Need (#of months) _____ 1-99 (99=Lifetime)

(Physician Signature)