SMK PHARMACY CORP
87-02 ROCKAWAY BEACH BLVD
ROCKAWAY BEACH, NY 11693
NATURESFIRST313@GMAIL.COM
TEL: 718-634-9300
FAX: 718-228-6244

PATIENT INFORMATION

TODAY'S DATE: _____/_____/_____

PATIENT NAME: _____ DATE OF BIRTH: ____ / ____ / _____

PATIENT ADDRESS: _____

CITY: _____ ZIP: _____ STATE: _____

PATIENT NUMBER: _____ EMERGENCY CONTACT: _____

DME / BRACING INFORMATION

☐ RIGHT ☐ LEFT

CPM ☐ SHOULDER ☐ KNEE ☐ E0936 ☐ E0935

CTU ☐ SHOULDER ☐ BACK ☐ WRIST ☐ E1399 ☐ KNEE ☐ NECK ☐ FOOT/ANKLE

CERVICAL TRACTION
☐ E0855-RR

CERVICAL COLLAR
☐ L0180 *HARD COLLAR*
☐ L0174 *MIAMI J/ TX COLLAR*
☐ L0120 *SOFT COLLAR*

LUMBOSACRAL ORTHOSIS
☐ L0631/L0648
☐ L0637/L0650

TLSO
☐ L0456
☐ L0450 *FLEXIBLE*

SACROILIAC LOWER/BACK
☐ L0621
☐ L0627/L0642

CAR SEAT
☐ T5001

SHOULDER ORTHOSIS
☐ L3960 *IMMOBILIZER*
☐ L3670/F9900 *INCLUDING PILLOW*

ELBOW ORTHOSIS
☐ L3760 *TELESCOPING*
☐ L3720 *DOUBLE*
☐ L3730 *UPRIGHT*

WRIST/HAND ORTHOSIS
☐ L3908 *WRIST/CARPAL TUNNEL*
☐ L3807 *THUMB SPICA*

TENS UNIT
☐ E0730, A4558, 64550
BODY PART: _____

MANAFLEXX
☐ E0745
BODY PART: _____

(KCO) KNEE CORRECTIVE ORTHOSIS & (POST-OP)
☐ L1832 / L1833 ***HINGED***

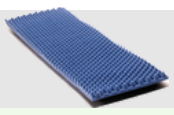
OSTEOARTHRITIS
☐ L1843 *SINGLE UPRIGHT*
☐ L1845 *DOUBLE UPRIGHT*

(ASO) ANKLE SUPPORT ORTHOSIS
☐ L1971

CAM WALKER
☐ L2112 *FRACTURE*
☐SHORT ☐TALL
☐ L4361 *NON-FRACTURE*
☐SHORT ☐TALL

DVT UNIT
☐ E0650

BED BOARD
☐ E0199



ICD 10 CODES:x_____x_____x_____x_____x_____

DURATION OF TREATMENT: _____

ORDERING PHYSICIAN'S NAME:_____ NPI /ID #:_____

PHYSICIAN'S ADDRESS:_____ PHONE:_____

PHYSICIAN'S SIGNATURE:_____ DATE: _____/ _____ / _____