

**PATIENT INFORMATION**

TODAY'S DATE: ____/____/____

PATIENT NAME: _____

DATE OF BIRTH: ____/____/____

PATIENT ADDRESS: _____

CITY: _____

ZIP: _____

STATE: _____

PATIENT NUMBER: _____ EMERGENCY CONTACT: _____

DME / BRACING INFORMATION

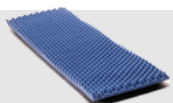
- ☐
- RIGHT
-
- ☐
- LEFT

- 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 ☐ L3807
WRIST/CARPAL TUNNEL 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: ____/____/____