

# HILL COUNTRY Amputee Referral

Orthotics & Prosthetics PROSTHETIC & REHABILITATION SERVICES

FAX ORDERS TO: 210-694-4581 • CALL: 210-614-8777 • FIND US ON: LeadingReach.com

## 1) Patient Information

Name		DOB	Phone Number 1		Phone Number 2	
Address Line 1			City	State	ZIP	Sex
Primary Insurance Provider				Member ID #	Relationship to Subscriber	
Secondary Insurance Provider				Member ID #	Relationship to Subscriber	

## 2) Diagnosis

### Amputation Level:

- Above Knee   
  Below Knee   
  Partial Foot   
  Hip Disarticulation   
  Knee Disarticulation   
  Symes  
 Above Elbow   
  Below Elbow   
  Partial Hand   
  Shoulder Disartic.   
  Elbow Disartic.   
  Wrist Disartic.

### Side:

- Bilateral   
  Right   
  Left

### Activity Level (K-Level):

- K-1 (Low-level household ambulator)  
 K-2 (Low-level community ambulator, fixed cadence)  
 K-3 (Mid-level community ambulator, variable cadence)  
 K-4 (High activity level)

### Additional Diagnoses (if applicable):

ICD-10(s)	Diagnosis Description(s)
Diagnosis Description(s)	

## 3) Referral

### Length of Need:

- 6-12 Months   
  1-5 Years   
  Lifetime

### Please evaluate and treat for the following (select all that apply):

- Prosthetic device and/or supplies with Hill Country Orthotics & Prosthetics.  
 Other (specify): \_\_\_\_\_  
 **ALL SERVICES:** Prosthetic device and/or supplies with Hill Country Orthotics & Prosthetic *and* PM&R office visit for rehabilitation evaluation.

## 4) Signature of Referring Provider

The above procedures/devices are appropriate for this patient and are deemed medically necessary.

Signature	Name	Credentials	NPI	Date