PRESCRIPTION

Fax Orders to: 210-694-4581

Patient Name: ______________________ **Date:** ______________

ICD 10: ______________________ **DOS:** ______________

LETTER OF MEDICAL NECESSITY:

The above patient has been under my care and will be in need of the prescribed orthopedic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

The indicated product is used to:

☐ Increase the Patient's Functional Activity ☐ Fortify Joint Stability ☐ Reduce Swelling ☐ Decrease Pain

Length of Need: ☐ Indefinite ☐ 3-6 months ☐ 6-9 months ☐ Lifetime

Physician Name: ______________________ NPI#: ______________
(PLEASE PRINT)

Physician Signature: ______________________ Date: ______________

**Medicare Requires Hand Signature and Date*

☐ LEFT ☐ RIGHT ☐ BILATERAL

THORACO-LUMBAR-ORTHOSES:

☐ HYPEREXTENSION ORTHOSIS ☐ DORSI-LUMBAR CORSET
☐ TLSO ☐ CUSTOM ☐ CASH BRACE

LUMBAR-SACRAL ORTHOSES:

☐ L/S CORSET ☐ CHAIRBACK ☐ RIGID LSO BRACE ☐ FLEXION ORTHOSIS
☐ WARM & FORM (INSERT, W/O INSERT) ☐ LSO ☐ CUSTOM LSO

☐ **CERVICAL COLLARS**

LOWER-EXTREMITY-ORTHOSES: HIP-ANKLE-KNEE-FOOT

☐ HAKFO ☐ KAFO ☐ AFO ☐ METAL AFO
☐ ANKLE GAUNTLET ☐ ARIZONA TYPE BRACE ☐ CROW WALKER
☐ RICHIE TYPE BRACE

KNEE BRACING / WALKING BOOTS:

☐ KNEE BRACE (ACL)
☐ RELIEVER KNEE BRACE (Osteoarthritis)
☐ POST-OP KNEE BRACE
☐ NEOPRENE OR BREATHABLE KNEE SLEEVE
☐ KNEE SLEEVE WITH HINGES
☐ KNEE IMMOBILIZER
☐ WALKING BOOT ☐ WALKING BOOT W/AIR BLADDER
☐ OTHER ______________________

UPPER-EXTREMITY-ORTHOSES: WRIST-ELBOW-SHOULDER

☐ WRIST ORTHOSIS ☐ SHOULDER IMMOBILIZER ☐ THUMB SPICA
☐ POST-OP ELBOW ROM BRACE ☐ CUSTOM ELBOW BRACE

SHOE ORTHOTICS:

☐ DIABETIC SHOES ☐ CUSTOM DM INSERT ☐ LIFT
☐ FUNCTIONAL ORTHOTICS ☐ HEAT MOLDED DIABETIC INSERTS

PROSTHETIC DEVICE:

☐ ABOVE KNEE ☐ BELOW KNEE ☐ PARTIAL FOOT ☐ SYMES
☐ ABOVE ELBOW ☐ BELOW ELBOW
☐ POST OPERATIVE RIGID DRESSING (ORD)
☐ REPLACEMENT SOCKET ☐ SHRINKER ☐ SUPPLIES

Patient K Level: 1 2 3 4 Circle One

OTHER:(specify) ______________________

Location Phone Numbers: Corpus Christi – 361-445-3586 Rio Grande Valley – 956-429-3049 El Paso – 915-449-6224 San Antonio – 210-614-8777