

**Patient:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_

**Doctor:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD9 CODE \_\_\_\_\_

Surgical Procedure \_\_\_\_\_ D.O.S. \_\_\_\_\_



**CPM**

- Ankle
- Knee, Anatomical
- Elbow
- Shoulder, Anatomical
- (Specify ROM) \_\_\_\_\_
- Hand
- Wrist

**POST-OP KNEE BRACE**

- Specify ROM \_\_\_\_\_

**KNEE LIGAMENT BRACES**

- |                              |                              |
|------------------------------|------------------------------|
| Custom                       | Ready to Fit                 |
| <input type="checkbox"/> ACL | <input type="checkbox"/> ACL |
| <input type="checkbox"/> PCL | <input type="checkbox"/> PCL |
| <input type="checkbox"/> MCL | <input type="checkbox"/> MCL |

**OSTEOARTHRITIS KNEE BRACE**

- Unload Check One:
- Custom
  - Ready to fit
  - Medial
  - Lateral

**CRYOTHERAPY**

- Aircast Cryocuff
- Electric Pump System

Check One:

- Shoulder
- Ankle
- Knee

**SPINAL BRACING**

- SPINOMED
- LUMBAR DISC UNLOADER
- Other: \_\_\_\_\_

**GAME READY ACCELERATED RECOVERY SYSTEM**



Advanced Active Compression and Cold Therapy

Check One:

- Knee
- Shoulder
- Ankle
- Elbow
- Back

Check One Pressure Setting:

PRESSURE SETTINGS			
<input type="checkbox"/> No pressure	<input type="checkbox"/> Low 5-15 mmHg	<input type="checkbox"/> Medium 5-50 mmHg	<input type="checkbox"/> High 5-75 mmHg

**SPECIALTY PRODUCTS**

- CARP-X for LATERAL EPICONDYLITIS
- C.Ti WRIST - FUNCTIONAL WRIST BRACE
- PHILIPPON POST-OP HIP BRACE

**STATIC PROGRESSIVE BRACING**

Contracture Management - Restore ROM

- Mayo Clinic Elbow Brace
- Knee / Specify: Ext: \_\_\_\_\_ Flex: \_\_\_\_\_

**CUSTOM BRACES**

- AFO
- TLSO
- KAFO
- LSO
- HKAFO
- Body jacket

**OTHER**

Specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, M.D.  
D.A.W. - Physician Signature