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STEP 1: Fill Out



Patient:

Name _____
Address _____
Tel _____

Doctor:

Name _____
Address _____
Tel _____

Diagnosis _____ ICD 10 CODE _____
Surgical Procedure _____ D.O.S. _____

STEP 2: Select

CPM

- Knee, Anatomical Shoulder, Anatomical Elbow
 GAME CHANGER (Knee Extension Assist Device)

POST-OP KNEE BRACE

- ROM Control and/or Immobilization _____
 REBOUND HIP

Unique post-surgical protection for hip arthroscopy patients.

UNLOADER HIP BRACE

Unique solution for mild to moderate Hip OA.

KNEE LIGAMENT BRACES

Custom

- ACL **CTi**[®]
 PCL
 MCL

Ready to Fit

- ACL ___Left ___Right
 PCL ___Left ___Right
 MCL ___Left ___Right

OSTEOARTHRITIS KNEE BRACE

- Medial Unloader ___Left ___Right
 Lateral Unloader ___Left ___Right

GLOBAL KNEE BRACE

For end stage OA/DJD

DVT CARE[®]

DVTCare Ca5 aids in the prevention of DVT by applying pneumatic compression to the lower leg thereby increasing venous velocity and preventing venous stasis.

BIO SHOULDER ORTHOSIS w/ABD PILLOW

Provides immobilization for surgical repairs of the shoulder.

ARC 2.0 SHOULDER BRACE

Post-op, variable position shoulder brace.

GAME READY ACCELERATED RECOVERY SYSTEM

Advanced active compression and cold therapy.

Check One:

- Shoulder Ankle Knee Elbow Hip Hand/Wrist
 Lumbar Spine Cervical Spine

Check One Compression Setting:

- None Low (5-15mmHg) Med. (5-50mmHg) High (5-75mmHg)

CRYOTHERAPY

- Cold Rush Cold Therapy Unit Cryocuff

Check One:

- Shoulder Ankle Knee Hip

BONE GROWTH STIMULATORS

- Spinal-Stim
Bone growth stimulation for lumbar spine fusion and non-operative salvage.
 Cervical-Stim
The only FDA-approved bone growth stimulator for cervical fusion.
 CMF OL1000[™]
CMF OL1000[™] Bone Growth Stimulation – Fast track bone healing in only 30-minutes.

SPINAL BRACING

- Miami Lumbar spinal orthosis
 Spinomed IV brace for hyper kyphosis with chronic back pain

OTHER (Please Specify)

STEP 3: Sign/Date

_____, M.D.
D.A.W. – Physician Signature
Date _____

STEP 4: Email

Click here to email completed form to:
orders@biodynamictech.com
Please also include patient's demographics
and all insurance information.