



## STEP 1: Fill Out



Scan this code with your smartphone to visit our website!

### 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](mailto:orders@biodynamictech.com)**  
Please also include patient's demographics  
and all insurance information.