

Patient Name: _____

DOB: _____

Diagnosis: _____

Body Part: _____ ☐ L ☐ R

Description of SX: _____

SX Location: _____ SX Date: _____

R_x / Certificate of Medical Necessity



Tel: (888) 346 - 0888

Fax: (866) 677 - 4106

Email: intake@orthomed-llc.com

ELECTRICAL STIMULATION

- ☐ E1399 - Tri-Wave® Electric Stimulator + Supplies
- ☐ E0730 - T.E.N.S. Unit + Supplies
- ☐ E0748 - Bone Growth Stimulator, Spine - Purchase Only
- ☐ E0760 - Bone Growth Stimulator, Ultrasound - Purchase Only
(Delayed Union or Nonunion Fractures)

Supplies:

- ☐ A4556 - Monthly Electrodes
- ☐ A4630 - Monthly Batteries
- ☐ E0731 - Conductive Garment

Length of Need: ☐ One-Month Trial ☐ 3-12 Month Rental / Extension ☐ Lifetime of Treatment

HOT / COLD / DVT PRODUCTS

- ☐ E1399 - Vascutherm® System - Rental
(Cold Compression System)
- ☐ E0676 - Pneumatic Compression Device
(Purchase for Home Use)
- ☐ E0221 - OrthoTHERM Smart Heating Pad™ - Purchase

Length of Need:

- ☐ 7-Day Rental ☐ 30-Day Rental
- ☐ 14-Day Rental ☐ Other: _____

☐ Other: _____

myREHAB™ HOME EXERCISE KITS

- ☐ A9300 - myREHAB™ Lumbar Exercise Kit
- ☐ A9300 - myREHAB™ Wrist Exercise Kit
- ☐ A9300 - myREHAB™ Cervical Exercise Kit
- ☐ A9300 - myREHAB™ Shoulder Exercise Kit
- ☐ A9300 - myREHAB™ Hand Exercise Kit
- ☐ A9300 - myREHAB™ Ankle Exercise Kit
- ☐ A9300 - myREHAB™ Knee Exercise Kit
- ☐ A9300 - myREHAB™ Elbow Exercise Kit

BRACING PRODUCTS

• LSO Spine Bracing

- ☐ L0464 - TLSO Back Brace
- ☐ L0631 - Lumbar Sacral Orthosis
- ☐ L0637 - LSO Back Brace

• Shoulder / Elbow Bracing

- ☐ L3670 - Arm Immobilizing Sling
- ☐ L3670 - Shoulder Sling
- ☐ L3761 - Elbow RANGER Splint
- ☐ L3960 - Shoulder Abduction Immobilizer

• Knee Bracing

- ☐ L1832 - GenuTrain® S Pro
- ☐ L1832 - Hinged Knee Brace
- ☐ L1832 - Post-Op Knee Brace
- ☐ L1844 - Custom Unloader OA
- ☐ L1846 - Custom ACL

• Foot / Ankle Bracing

- ☐ L1906 - Ankle AFO Support
- ☐ L4350 - Air-Stirrup Ankle Brace
- ☐ L4360 - Pneumatic Walking Boot

• Wrist / Thumb Bracing

- ☐ L3984 - Post-Op Wrist Brace
- ☐ L3807 - Thumb Spica Brace
- ☐ L3807 - ManuLoc Rhizo® Wrist Brace
- ☐ L3908 - Wrist Hand Cock-Up Brace

• Cervical Spine Bracing

- ☐ L0180 - Rigid Cervical Collar
- ☐ L0120 - Soft Cervical Collar

MISCELLANEOUS PRODUCTS

- ☐ E0114 - Crutches
- ☐ E0100 - Aluminum Cane
- ☐ E0143 - Front Wheel Walker
- ☐ E0117 - Spring Crutches
- ☐ E0118 - Knee Scooter / Walker
- ☐ E0147 - Rollator - Four Wheel Walker with Seat and Brakes

Physician: _____

Phone: _____ Fax: _____

Physician Signature: _____

Date: _____

I CERTIFY THAT THE EQUIPMENT AND SUPPLIES I PRESCRIBED ARE MEDICALLY NECESSARY FOR THIS PATIENT'S WELL-BEING; THIS IS NOT PRESCRIBED AS CONVENIENCE EQUIPMENT. IN MY PROFESSIONAL OPINION, THE EQUIPMENT IS BOTH REASONABLE AND NECESSARY IN REFERENCE TO THE ACCEPTED STANDARDS OF MEDICAL PRACTICE AND TREATMENT FOR THIS PATIENT'S CONDITION. **SUBSTITUTION FOR THIS DEVICE IS NOT ALLOWED WITHOUT MY WRITTEN APPROVAL.**