Phone Number: 423-631-0030
Fax Order To: 423-631-0052
Email Order To: info@medly-health.com

Bracing Physicians Order Form: Please include demographics and chart notes (must include the need for the supplies ordered)

Rep: Anthony Crist **Referral Source:** _____

Patient Name: _____ Patient DOB: _____

Patient Phone: _____ Patient Email: _____

Insurance Policy: _____ ID #: _____

DIAGNOSIS (Please check all that apply)

- ☐ Spinal Stenosis (M48.06)
- ☐ Joint Stiffness (M25.60)
- ☐ Arthropathy, unspecified (M12.9)
- ☐ Osteoarthritis, De-generative (M19.90)
- ☐ Lumbar Sprain/Strain (S33.5XXA)
- ☐ Muscle Weakness (M62.81)
- ☐ Lumbosacral Spondylosis (M47.817)
- ☐ Arthritis, Rheumatoid (M06.9)
- ☐ Chronic Low Back Pain (M54.5)
- ☐ Spondylolysis, lumbar region (M43.06)
- ☐ Fusion of Spine, lumbar region (43.26)
- ☐ Other: _____

☐ Duration: Patient has had this condition for ___ month's ___ years. (Chronic = 3 months or more)

SPINAL BRACING

☐ TSLO- Flex, Trunk Support (L0457)	Sizing Options: 24" to 59"	☐ Size: _____
☐ LSO- L1-L5, Rigid w/ panels (L0627)	Sizing Options: XS, S, M, L, XL, XXL	☐ Size: _____
☐ LSO- Sagittal Control, Rigid (L0642)	Sizing Options: S, M, L, XL	☐ Size: _____
☐ LSO- Rigid, Extends to T9 (L0648)	Sizing Options: XS, S, M, L, XL, XXL	☐ Size: _____
☐ LSO- Rigid, Extends to T9 (L0650)	Sizing Options: 24" to 59"	☐ Size: _____
☐ LSO- Rigid, Extends to T9 (L0637)	Sizing Options: Universal	☐ Size: _____

MEDICAL NECESSITY (MUST BE DOCUMENTED IN MEDICAL RECORDS)

- ☐ Reduce Pain by Restricting Mobility of the Trunk; **or**
- ☐ Facilitate Healing Following an Injury to the Spine or Related Soft Tissue; **or**
- ☐ Facilitate Healing Following a Surgical Procedure to the Spine or Related Soft Tissue; **or**
- ☐ Support Weak Spinal Muscles and/or a Deformed Spine

PRESCRIBING PHYSICIAN INFORMATION

Provider Name _____ NPI _____

Address _____

Phone _____ Fax _____

Signature _____ Signature Date _____

(Stamped signature not accepted)