



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

Facility Name: _____

Patient Name: _____

Patient DOB: _____

Patient Phone: _____

Patient Email: _____

Insurance Policy: _____

ID #: _____

DIAGNOSIS (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Weakness/Deformity of Knee |
| <input type="checkbox"/> Post Op Fracture(s) | <input type="checkbox"/> Requires Stabilization |
| <input type="checkbox"/> Genu Recurvatum | <input type="checkbox"/> Flexion Contracture |
| <input type="checkbox"/> Ligament Instabilities | <input type="checkbox"/> Extension Contracture |
| <input type="checkbox"/> ACL, PCL, MCL, or LCL Sprain | <input type="checkbox"/> Other: _____ |

KNEE BRACING (THIGH MEASUREMENT TO BE TAKEN 6" ABOVE THE KNEE)

- | | | | |
|---|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> Knee Immobilizer- elastic w/ pads and joints (L1820) | <input type="checkbox"/> Measurement: _____ | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| <input type="checkbox"/> Knee Immobilizer- canvas- longitudinal (L1830) | <input type="checkbox"/> Measurement: _____ | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| <input type="checkbox"/> Knee Immobilizer- adj. knee joints- rigid (L1833) | <input type="checkbox"/> Measurement: _____ | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| <input type="checkbox"/> Knee Immobilizer- single upright- flex and extension (L1851) | <input type="checkbox"/> Measurement: _____ | <input type="checkbox"/> LT | <input type="checkbox"/> RT |
| <input type="checkbox"/> Knee Immobilizer- double upright- flex and extension (L1852) | <input type="checkbox"/> Measurement: _____ | <input type="checkbox"/> LT | <input type="checkbox"/> RT |

MEDICAL NECESSITY (ALL THREE MUST BE DOCUMENTED IN MEDICAL RECORDS)

- Beneficiary is Ambulatory; **AND**
- Has Weakness or Deformity of the Knee; **AND**
- Require Stabilization

ADDITIONAL MEDICAL NECESSITY (MUST BE DOCUMENTED IN MEDICAL RECORDS)

Only for L1833, L1851, and L1852

- Knee Instability MUST be DOCUMENTED by Examination of the Beneficiary and Objective Description of Joint Laxity (e.g. varus/ valgus instability, anterior/posterior drawer test)
- Beneficiary had a Recent Injury or Surgery Procedure on the Knee

PRESCRIBING PHYSICIAN INFORMATION

Provider Name _____ NPI _____

Address _____

Phone _____ Fax _____

Signature _____ Signature Date _____

(Stamped signature not accepted)