

Phone: (952) 426-4812



Fax: (952) 658-6853

Order Date: _____

Patient _____ DOB _____ Phone _____

Address _____ City _____ State _____ Zip _____

HT _____ WT _____ Insurance _____ Policy _____

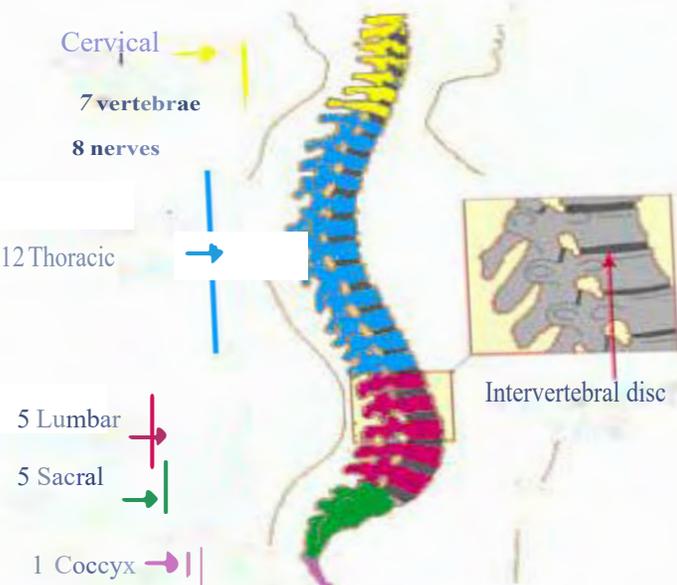
Detailed Written Back Brace Order

1. Check brace according to medical need.

2. Length of Need: _____ months (99 = Lifetime)

3. Brace is prescribed to:

- Facilitate healing following a surgical procedure on the spine or related soft tissue.
- Facilitate healing following an injury to the spine or related soft tissues.
- Reduce pain by restricting mobility of the trunk.



Fitting Instructions:

4. Check all applicable diagnosis codes:

- | | |
|--|---|
| <input type="checkbox"/> M46.9 - Ankylosing spondylitis of unspecified sites in spine | <input type="checkbox"/> M48.02 - Spinal stenosis, cervical region |
| <input type="checkbox"/> M47.8121 - Spondylosis w/o myelopathy or radiculopathy, cervica region | <input type="checkbox"/> M54.2 - Cervicalgia |
| <input type="checkbox"/> M47.12 - Other spondylosis with myelopathy, cervical region | <input type="checkbox"/> M67.88 - Other specified disorders of synovium and tendon, other site |
| <input type="checkbox"/> M47.14 - Other spondylosis with myelopathy, thoracic region | <input type="checkbox"/> M67.82 - Other specified dorsopathies, cervical region |
| <input type="checkbox"/> M47.16 - Other spondylosis with myelopathy, lumbar region | <input type="checkbox"/> M48.00 - Spinal stenosis, site unspecified |
| <input type="checkbox"/> M47.819 - Spondylosis w/o myelopathy or radiculopathy, site unspecified | <input type="checkbox"/> M48.04 - Spinal stenosis, thoracic region |
| <input type="checkbox"/> M47.10 - Other spondylosis with myelopathy, site unspecified | <input type="checkbox"/> M48.06 - Spinal stenosis, lumbar region |
| <input type="checkbox"/> M50.20 - Other cervical disc displacement, unspecified cervical region | <input type="checkbox"/> M48.08 - Spinal stenosis, sacral and sacrococcygeal region |
| <input type="checkbox"/> M51.26 - Other intervertebral disc displacement, lumbar region | <input type="checkbox"/> M54.5 - Low back pain |
| <input type="checkbox"/> M50.30 - Other cervical disc degeneration, unspecified cervical region | <input type="checkbox"/> M54.16 - Radiculopathy, lumbar region |
| <input type="checkbox"/> M51.36 - Other intervertebral disc degeneration, lumbar region | <input type="checkbox"/> M54.9 - Dorsalgia, unspecified |
| <input type="checkbox"/> M51.37 - Other intervertebral disc degeneration, lumbosacral region | <input type="checkbox"/> M81.0 - Age-related osteoporosis without current pathological fracture |
| <input type="checkbox"/> M96.1 - Postlaminectomy syndrome, not elsewhere classified | <input type="checkbox"/> M84.4XA - Pathological fracture, unsp site, initial encounter for fracture |
| <input type="checkbox"/> M46.40 - Discitis, unspecified, site unspecified | <input type="checkbox"/> M89.9 - Disorder of bone, unspecified |
| <input type="checkbox"/> M46.47 - Discitis, unspecified, lumbosacral region | <input type="checkbox"/> M41.40 - Neuromuscular scoliosis, site unspecified |
| <input type="checkbox"/> _____ | <input type="checkbox"/> S33.5XXA - Sprain of ligaments of lumbar spine, initial encounter |
| | <input type="checkbox"/> _____ |

Physician _____ NPI _____ Phone _____

Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date _____