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100 Newbridge Rd.
 Ste 6
 Hicksville NY 11801

PATIENT NAME _____ SEX _____ DATE ____ / ____ / ____

ADDRESS _____

PATIENT PHONE (____) _____ DATE OF BIRTH ____ / ____ / ____ DATE OF INJURY ____ / ____ / ____

INSURANCE NAME AND ADDRESS _____

POLICY# _____ AUTHORIZATION# _____

DIAGNOSIS (ICD.10) _____

QTY	ITEM DESCRIPTION	QTY	ITEM DESCRIPTION
	<p><u>BACK BRACE. LUMBAR SACRAL ORTHOSIS (LSO)</u></p> <ul style="list-style-type: none"> (L0627) Back Lumbar Orthosis, sagittal control, with rigid anterior and posterior panels. (L0631) LSO, Sagittal Control with Rigid Anterior and Posterior Panels (L0637) LSO, Sagittal-Coronal Control with Rigid Anterior and Posterior Frame/Panels (L0648) LSO, Sagittal Control, with Rigid Anterior and Posterior Panels. (L0650) LSO, Sagittal-Coronal Control, with rigid anterior and posterior frame/panel(s) 		<p><u>Knee Brace Knee Orthosis (KO)</u></p> <ul style="list-style-type: none"> (L1831) KO, locking knee joint(s) (L1832) KO, adjustable knee joints (L1833) KO, adjustable knee joints, ROM (L1845) KO, double upright, Thigh and Calf, with Adjustable Flexion and Extension Joint <p>After Injection: L1832 or L1833 Post Op 6.8 weeks, functional: L1845</p> <p><u>Ankle Brace Ankle Foot Orthotic (AFO)</u></p> <ul style="list-style-type: none"> (L1930) AFO, Off-The-Shelf, Night Splint (L1971) AFO with Ankle joint
	<p><u>Back Brace Thoracic Lumbar Sacral Orthosis(TLSO)</u></p> <ul style="list-style-type: none"> (L0456) Aspen TLSO, flexible, provides trunk support thoracic region, rigid posterior panel, and Soft anterior apron. (L0457) TLSO flexible, provides trunk support thoracic region, rigid posterior panel and soft anterior apron 		<p><u>Cervical Collar</u></p> <ul style="list-style-type: none"> (L0172) Cervical Collar, Semi-Rigid Thermoplastic Foam Two piece prefabricated, Off-The-Shelf. (L0174) Miami Cervical Collar; immobilizer for C-Spine and Neck Injuries (L0174) Miami J Collar Brace with extension for Cervical and High Thoracic Injuries
	<p><u>Shoulder Brace Shoulder Orthosis (SO)</u></p> <ul style="list-style-type: none"> (L3660) SO, Abduction Restraint, Prefab, Off-the-Shelf (L3670) SO Acromio/Clavicular, Prefab, Off-The-Shelf <p><u>Wrist Brace</u></p> <ul style="list-style-type: none"> (L3807) Wrist Hand Finger Orthotic (WHFO) (L3908) WHO, cock-up, prefabricated, OTS 		<p><u>Ritchie Brace Custom</u></p> <ul style="list-style-type: none"> (L1960) Solid Ankle AFO (L1970) AFO, Plastic w/Ankle Joint Custom Fabricated (L2820) Addition to Lower Extremity Orthosis, Soft (L2275) Addition, Varus/Valgus Correction, Plastic Modification, Padded/Lined

Other: _____

SAM SPORT PRO 2.0. THE CIRCUL 8. WHEELCHAIR. WALKER.
SQUID ACTIVE COLD COMPRESSION. NATROX OXYGEN WOUND THERAPY

PHYSICIAN _____ NPI: _____

PHYSICIAN'S SIGNATURE: _____ DATE: ____ / ____ / ____