



Patient Orthosis Form

Fax this completed form to: 1 (800) 615-0148

Provider Name		Evaluation Date (mm/dd/yyyy)	
Facility Name		Location ID Number	
Facility Address		Phone	Fax
City		State	Zip
Patient Last Name	Patient First Name	Patient ID	

Medical Diagnosis Description

ICD Code [1]	ICD Code [2]	ICD Code [3]	ICD Code [4]
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Therapy Treating Diagnosis Description

ICD Code [1]	ICD Code [2]	ICD Code [3]	ICD Code [4]
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Please select splint type:

- Finger Gutter Short Opponens Resting Splint Hand Based Thumb Spica
 Ulnar Gutter Resting Hand Forearm Based Long Arm Orthosis

If none of the above, please complete the following questions:

1. Does splint include fingers? Yes No
2. Does splint include hand but not wrist? Yes No
3. Does splint include wrist and forearm? Single Surface Clamshell Resting Splint Yes No
4. Does splint include elbow? Yes No
5. Does splint have dynamic components? Yes No

Orthosis Description:

Note: Wrist Cock-Up splints are generally not custom splints.
Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.