

DATE OF ORDER: _____

DATE OF LAST FACE TO FACE: _____

PATIENT INFORMATION

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Emergency Contact _____ Emergency Contact Phone _____

REFERRING PT OR CLINIC INFORMATION (if applicable)

Clinic Name _____ Therapist Name _____

Clinic Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Therapist Email _____

PRODUCT PRESCRIBED

☐ L0642 Lumbar Orthosis

Sagittal control, with rigid anterior and posterior panels, posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, pendulous abdomen design, prefabricated, OTS

☐ L0648 LSO (Lumbar-sacral orthosis)

Sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, shoulder straps, prefabricated, OTS

☐ L0457 TLSO (Thoracic lumbar-sacral orthosis)

Flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps and closures, prefabricated, OTS

☐ Other Lumbar Support/Brace _____

DIAGNOSIS

M47.817 Spondylosis w/o myelopathy or radiculopathy, lumbosacral region

M51.26 Other intervertebral disc displacement, lumbar region

M51.27 Other intervertebral disc displacement, lumbosacral region

M51.36 Other intervertebral disc degeneration, lumbar region

M51.37 Other intervertebral disc degeneration, lumbosacral region

M51.06 Intervertebral disc disorders with myelopathy, lumbar region

M51.07 Intervertebral disc disorders with myelopathy, lumbosacral region

M48.00 Spinal stenosis, site unspecified

M54.5 Low back pain

M54.89 Other dorsalgia

M54.9 Dorsalgia, unspecified

M43.8X9 Other specified deforming dorsopathies, site unspecified

M53.9 Dorsopathy, unspecified

M62.81 Muscle weakness (generalized)

Q76.2 Congenital spondylolisthesis

Other _____

CHECK ANSWERS THAT APPLY TO PATIENT

Yes	No	Does the patient have chronic back pain that can be reduced by restricting trunk mobility?
Yes	No	Is the back brace needed to promote healing of a recent injury or surgery to the back or soft tissues of the spine?
Yes	No	Is the back brace needed to support weak spinal muscles or a deformed spine?
NOTE: Medicare and other insurance payers require that the ordering physician's chart notes substantiate the diagnosis listed above, and that physician chart notes state the need for the brace, what else has been tried, and how long for length of pain.		

PHYSICIAN INFORMATION (Must be MD, DO, NP or PA)

By signing and dating, I attest to prescribing the above mentioned item(s). In my professional opinion, the item(s) is both reasonable and necessary in reference to the current accepted standards of medical practice and treatment of this patient's condition. All other related treatments have been tried/considered and ruled out.

Physician Name _____ NPI# _____ Phone _____ Fax _____

Physician Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date Signed _____