

**ORTHOTIC Rx**

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  Left  Right Duration of Need: \_\_\_\_\_ Quantity (1 ea): \_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Insurance#: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: M / F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NPI#: \_\_\_\_\_ Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Custom or Other Brace: \_\_\_\_\_

Instructions/Settings: \_\_\_\_\_

**Spine**

- Low Profile LSO
- LSO
- TLSO
- Peak Scoliosis
- Cervical Collar
- LS Corset (not shown; noncovered)



**Knee**

- Lateral J Hinged
- Horseshoe Patella
- Basic Hinged KO
- Playmaker KO
- Medial Unloader OA
- Lateral Unloader OA
- OTS ACL KO
- Custom ACL
- TROM
- Reaction Brace
- Knee Immobilizer



**Upper Extremities**

- Cock-up Wrist Splint
- Thumb Spica
- UltraSling III
- EXOS Short Arm Fx
- Humeral Fx
- Tennis Elbow Strap (not shown)



**Ankle, Foot & CPM**

- Ankle Stirrup
- Fig. 8 Ankle
- Tall Fx Boot
- Short Fx Boot
- CPM

