

# STANDARD WRITTEN ORDER

PATIENT INFORMATION

Start Date of Order (MM/DD/YY) \_\_\_\_\_

Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DYNASPLINT® SYSTEM(S) PRESCRIBED

- |   |   |                                       |   |   |
|---|---|---------------------------------------|---|---|
| <input type="radio"/> Jaw - E1700           | <input type="radio"/> Internal Rotation | <input type="radio"/> Elevation       | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Shoulder - E1840      | <input type="radio"/> External Rotation | <input type="radio"/> Flexion         |   |   |
| <input type="radio"/> Elbow - E1800         | <input type="radio"/> Extension         | <input type="radio"/> Flexion         | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Forearm - E1802       | <input type="radio"/> Supination        | <input type="radio"/> Pronation       | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Wrist - E1805         | <input type="radio"/> Extension         | <input type="radio"/> Flexion         | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Carpal Tunnel - E1399 |   |                                       | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Hand (MCP) - E1805    | <input type="radio"/> Extension         | <input type="radio"/> Flexion         | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Finger - E1825        | <input type="radio"/> Extension         | <input type="radio"/> Flexion         | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Knee - E1810          | <input type="radio"/> Extension         | <input type="radio"/> Flexion         | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Ankle - E1815         | <input type="radio"/> Dorsiflexion      | <input type="radio"/> Plantar Flexion | <input type="radio"/> Right   | <input type="radio"/> Left  |
| <input type="radio"/> Toe - E1830           | <input type="radio"/> Dorsiflexion      | <input type="radio"/> Plantar Flexion | <input type="radio"/> Right   | <input type="radio"/> Left  |
|   | <input type="radio"/> Varus             | <input type="radio"/> Valgus          | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| <input type="radio"/> Hammer Toe - E1830    | <input type="radio"/> Dorsiflexion      | <input type="radio"/> Plantar Flexion | <input type="radio"/> Right   | <input type="radio"/> Left  |
|   |   |                                       | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 |
| <input type="radio"/> External Fixator      |   |                                       | <input type="radio"/> Right   | <input type="radio"/> Left  |

ATTACHMENTS OR ACCESSORY ITEM(S)

- ACCESSORY ITEMS**
- |  |   |
|--|---|
| <input type="radio"/> Resting Hand/Wrist Orthosis - L3809            | <input type="radio"/> RestAir™ Hip Orthosis - L1652   |
| <input type="radio"/> BendEase Hand - L3809                          | <input type="radio"/> NeuroFlex™ Restorative™ Knee Orthosis - L1831                           |
| <input type="radio"/> NeuroFlex™ Restorative™ FlexHand - L3809       | <input type="radio"/> MPO 2000 Active® Ankle-Foot Orthosis - L4397                            |
| <input type="radio"/> NeuroFlex™ Restorative™ Elbow Orthosis - L3761 | <input type="radio"/> Safeboot - L4397  |
| <input type="radio"/> Kentucky Kollar - L0113                        | <input type="radio"/> Soft Padded Shoe (for use with Toe Dynasplint® Systems) Dynamic - E1399 |
| <input type="radio"/> Restorative™ VertebrEase TLSO - L0456          | <input type="radio"/> Control Boot - L1971  |
| <input type="radio"/> Restorative™ VertebrEase LSO - L0631           | <input type="radio"/> Replacement Soft Interface Material - E1820                             |

- WRIST DYNASPLINT® SYSTEMS HANDPIECE ATTACHMENTS (SELECT ONE)**
- |  |  |
|--|--|
| <input type="radio"/> Hand Pan "C" Cup Attachment          | <input type="radio"/> Mitt Splint Hand Attachment          |
| <input type="radio"/> Padded Palmar Hand Attachment        | <input type="radio"/> Anti-Spasticity Ball Hand Attachment |
| <input type="radio"/> Universal Flat Piece Hand Attachment | <input type="radio"/> Progressive Hand Attachment          |

Personalized Fitting

FIT

ROM

ROM: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_ Time(s) Daily / \_\_\_\_\_ Hour(s) Per Day

DIAGNOSIS

Primary Diagnosis Code (PLEASE PROVIDE PATIENT CHART NOTES RELATED TO THIS DIAGNOSIS.) \_\_\_\_\_

Secondary Diagnosis Code (PLEASE PROVIDE PATIENT CHART NOTES RELATED TO THIS DIAGNOSIS.) \_\_\_\_\_

LENGTH OF NEED

1 Month  3 Months  6 Months  12 Months  Lifetime  Other: \_\_\_\_\_

PHYSICIAN INFORMATION AND SIGNATURE

Physician's Name (PLEASE PRINT) \_\_\_\_\_ Phone Number \_\_\_\_\_

NPI Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I certify that I am the treating physician identified on this standard written order. I have received this completed standard written order and agree with prescribing the items listed. This standard written order has been reviewed and signed by me and I certify that all information is true and accurate to the best of my knowledge.



Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Signature and Date Stamps are Not Acceptable.