

STANDARD WRITTEN ORDER

PATIENT INFO	First Name	Last Name	Date of Birth	Start Date of Order
DYNASPLINT® SYSTEM(S) PRESCRIBED	☐ Knee Extension	E1813 / E1810	☐ Right	☐ Left
	☐ Knee Flexion	E1814 / E1810	☐ Right	☐ Left
	☐ Elbow Extension	E1803 / E1800	☐ Right	☐ Left
	☐ Elbow Flexion	E1804 / E1800	☐ Right	☐ Left
	☐ Ankle Dorsiflexion	E1822 / E1815	☐ Right	☐ Left
	☐ Ankle Plantar	E1823 / E1815	☐ Right	☐ Left
	☐ Wrist Extension	E1807 / E1805	☐ Right	☐ Left
	☐ Wrist Flexion	E1808 / E1805	☐ Right	☐ Left
	☐ Finger Extension	E1826 / E1825	☐ Right 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Left 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ Finger Flexion	E1827 / E1825	☐ Right 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Left 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ MTP Ext./Dorsiflexion	E1828 / E1830	☐ Right 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Left 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ MTP Flexion/Plantar	E1829 / E1830	☐ Right 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Left 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ Hammer Toe	E1830	☐ Right 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Left 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
	☐ Hallux Varus/Valgus	E1830	☐ Right	☐ Left
	☐ Shoulder	E1840	☐ Internal Rotation ☐ External Rotation ☐ Right	☐ Elevation ☐ Flexion ☐ Left
	☐ Forearm - Sup/Pro	E1802	☐ Supination ☐ Pronation	☐ Right ☐ Left
	☐ Hand (MCP) Extension	E1807 / E1805	☐ Right	☐ Left
	☐ Hand (MCP) Flexion	E1808 / E1805	☐ Right	☐ Left
	☐ Jaw	E1700		
	☐ Carpal Tunnel	E1399	☐ Right	☐ Left
ACCESSORY ITEM(S) OR ATTACHMENTS	☐ Resting Hand/Wrist Orthosis - L3809 ☐ BendEase Hand - L3809 ☐ NeuroFlex™ Restorative™ FlexHand - L3809 ☐ NeuroFlex™ Restorative™ Elbow Orthosis - L3761 ☐ Kentucky Kollar - L0113 ☐ Restorative™ VertebrEase TLSO - L0456 ☐ Restorative™ VertebrEase LSO - L0631 ☐ RestAir™ Hip Orthosis - L1652 ☐ NeuroFlex™ Restorative™ Knee Orthosis - L1831 ☐ MPO 2000 Active® Ankle-Foot Orthosis - L4397 Safeboot - L4397 ☐ Soft Padded Shoe (for use with Toe Dynasplint® Systems) - E1399 ☐ Dynamic Control Boot - L1971 ☐ Replacement Soft Interface Material - E1820			
	WRIST / HANDPIECE ATTACHMENTS (SELECT ONE) L3924 ☐ Hand Pan "C" Cup ☐ Anti-Spasticity ball ☐ Mitt ☐ Universal Flat ☐ Padded Palmar ☐ Progressive Hand			
ROM	Initial ROM _____ Frequency of Use: Time(s) Per Day _____ Hour(s) Per Day _____			
DIAGNOSIS	Primary Diagnosis Code (PLEASE PROVIDE PATIENT CHART NOTES RELATED TO THIS DIAGNOSIS)		FITTING	☐ Personalized Fitting
	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		NOTE: Signature and Date Stamps are Not Acceptable Date	