

Prescription Form

PATIENT NAME _____
 DATE OF BIRTH _____
 PATIENT PHONE _____
 ICD-10 CODE _____
 DIAGNOSIS _____
 PHYSICIAN NAME _____
 PHYSICIANNPI# _____

FACILITY NAME _____
 ADDRESS _____

 CITY _____
 STATE _____ ZIP _____
 OFFICE PHONE _____
 OFFICE FAX _____

Prescribed Product

Ultra Arm Sing



Ultra Shoulder Abd. Pillow w/Sling
L3670



Economizer Arm Sling



Tricot Shoulder Immobilizer
L3650



Ultra Shoulder Immobilizer
L3670



Ultra Sling & Swathe
L3650



Contoured Tennis Elbow Wrap



Universal Lacer Wrist
L3908



Required Length: _____

ADDITIONAL COMMENTS _____

It is my expert opinion that the product indicated for the above-named patient is medically reasonable and necessary to facilitate management of this patient's diagnosis. Please dispense as written.

PHYSICIAN/PROVIDER SIGNATURE _____ DATE _____
(WITH CREDENTIALS)

Dispense as Written. No Substitutions.