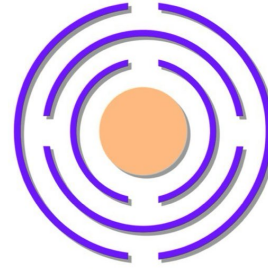


In-Home Bracing, Orthotics and Physical Therapy

Therapeutic Bracing of Bakersfield



In Home Bracing, Orthotics, and Physical Therapy

Patient name:
DOB:
Medicare # (MBI):
Phone:
Street address:
City/zip code:
Diagnosis/ICD-10:

SPECIALIZATIONS:

- KNEE/BACK PAIN
- AFO FITTING/GAIT TRAINING
- CONTRACTURE BRACING
- TONE MANAGEMENT
- PRE/POST SURGERY
- BIOFEEDBACK THERAPY
- CAREGIVER TRAINING

LICENSED PHYSICAL THERAPISTS PROVIDE IN-HOME ORTHOTIC ASSESSMENT, FITTING AND TRAINING

Physical therapist to evaluate and treat. PT to assess and fit for orthotic device as appropriate



(Scan QR code to view our website and refer online)

Specific orders/additional information (if applicable):

Referring Provider: _____	NPI: _____
Provider Phone: _____	Fax: _____
Provider Signature: _____	Date: _____

Services covered by Medicare part b. Medicare/Medi-cal is accepted.

PLEASE FAX PRESCRIPTIONS TO (661) 793-7233 or refer on our website