

**Physician Order, Prescription, and Certificate of Medical Necessity for Knee Orthosis**

**FAX ORDERS TO  
800.340.2955**

Order Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance info: \_\_\_\_\_ Secondary Ins. \_\_\_\_\_

Treating Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSTRUCTIONS:** The above-named patient has requested that you fill out this order form. Please complete *entire* form and fax to the number below. Per Medicare guidelines we are required to obtain **progress notes** along with this **signed RX** and **qualifying diagnosis code(s)** for product sought by your patient. Please make sure the supporting documentation is faxed to validate **medical necessity** in order to facilitate your patients' request. Unfortunately, without these necessary documents we will not be able to supply the product requested by your patient.

*Duration: Patient has had this condition for \_\_\_\_\_ years \_\_\_\_\_ month's. (Chronic = 3 month's or more)*

*Estimated Length of Back Brace Need (# of Months) \_\_\_\_\_ 1-99 (99 = Lifetime)*

Item(s) to be ordered:

\_\_\_ L1833 Gladiator Romps \_\_\_ L1843 Gladiator ACL Pro OA Max \_\_\_ L1845 Gladiator Lite ACL Max

Left  Right  B/L

**Please check all diagnosis that pertains to this patient's condition:**

- |  |   |
|--|---|
| <input type="checkbox"/> Rheumatoid Arthritis (714.0-714.4)              | <input type="checkbox"/> Rupture of tendon, nontraumatic-quadriceps tendon (727.65)             |
| <input type="checkbox"/> Osteoarthritis (715.16, 715.26, 715.36, 715.96) | <input type="checkbox"/> Congenital deformity of Knee (755.64)                                  |
| <input type="checkbox"/> Meniscal cartilage derangement (717.0-717.5)    | <input type="checkbox"/> Fracture of femur - lower end (821.0-821.39)                           |
| <input type="checkbox"/> Chondromalacia of patella (717.7)               | <input type="checkbox"/> Fracture of patella (822.0, 822.1)                                     |
| <input type="checkbox"/> Knee ligamentous disruption (717.81-717.9)      | <input type="checkbox"/> Fracture of tibia and/or fibula - upper end (823.00-823.42)            |
| <input type="checkbox"/> Pathologic fracture of femur (733.15)           | <input type="checkbox"/> Dislocation of Knee (836.0-836.69)                                     |
| <input type="checkbox"/> Pathologic fracture of tibia or fibula (733.16) | <input type="checkbox"/> Sprains and strains of knee (844.0-844.2, 844.8)                       |
| <input type="checkbox"/> Aseptic necrosis of tibia or fibula (733.49)    | <input type="checkbox"/> Failed total knee arthroplasty (996.40-996.49, 996.66, 996.77, V43.65) |
| <input type="checkbox"/> Stress fracture of tibia or fibula (733.93)     |   |

**OR:**

**The patient is ambulatory and has knee instability due to a condition specified in one of the following diagnosis:**

- |   |   |
|---|---|
| <input type="checkbox"/> Multiple sclerosis (340)               | <input type="checkbox"/> Infantile cerebral palsy, unspecified (343.9)          |
| <input type="checkbox"/> Hemiplegia, unspecified (342.90)       | <input type="checkbox"/> Mononeuritis of lower limb, unspecified (355.0, 355.2) |
| <input type="checkbox"/> Paraplegia of both lower limbs (344.1) |   |

This patient is being treated under a comprehensive plan of care for arthritis/pain. I, the undersigned certify that the above prescribed is medically necessary for the patients' overall wellbeing. In my opinion, the following orthotic/arthritis relief products are both reasonable and necessary in reference to accepted standards of medical practice in the treatment of the patient's condition and/or rehabilitation. I certify that the patient's medical records reflect the need for the item ordered and will be made available upon request.

**(Physician Signature M.D. or D.O.)**

**Date**

*\*If a CRNP or PA signs Rx, to meet Medical Guidelines an M.D. or D.O. wet ink must accompany signature.*

