

# Precision Medical Solutions, LLP

Montgomery  
 Auburn

119 Market Place Montgomery, AL 36117  
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## PRESCRIPTION FORM

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis (ICD-10) \_\_\_\_\_

### ANKLE FOOT ORTHOSIS

<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Ankle Brace OTS Figure 8 Design	Ligament
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Walking Boot OTS Non-Pneumatic Tall	Fracture/Sprain
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Walking Boot OTS Non-Pneumatic Short	Sprain/Strain
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Night Splint	Plantar Fasciitis
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	AFO Carbon Fiber Design	Foot Drop
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	AFO Custom Fabricated	Unstable/Spastic

### KNEE BRACES

<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Knee Brace OTS, OA	Osteoarthritis & Instability
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Knee Brace OTS, Ligament	Ligament/Athletic Injury
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Knee Brace OTS, Stabilizing	Instability
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Knee Brace OTS, Patella Control	Malalignment
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Knee Brace OTS, Range of Motion	Post Op/ROM

### UPPER EXTRIMITY

<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Wrist Splint, Cock-Up	CTS
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	TKO Splint OTS	Boxer's Fracture
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Thumb Orthosis OTS	Arthritis/Dequervain's
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Thumb Spica with Wrist Support OTS	CTS/Dequervain's
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Resting Hand Splint	Contracture
<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	Elbow Brace, Range of Motion	Post Op/ROM

### SPINAL BRACES

<input type="checkbox"/>	Back Brace, Lumbar Step-Down LSO (S1 -T9)	Lumbago/Weak Muscles/Injury
<input type="checkbox"/>	Back Brace, Thoracic Lightweight TLSO	Thoracic Pain /Weak Muscles/Injury/Kyphosis
<input type="checkbox"/>	Back Brace, Lumbar Rigid LSO	Post Op/Fractures
<input type="checkbox"/>	Back Brace, Thoracic Rigid TLSO	Post Op/Fractures

### CERVICAL

Cervical Collar Soft  
 Cervical Collar Rigid

### OTHER

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This is not a full list of our inventory. You may list other items here.

**MONTGOMERY** – We are located off the Atlanta Hwy ¼ mile east of Bell Rd. Turn between Auto Zone and The Bedroom furniture store and we are about six buildings down on the left side.

**AUBURN** – We are located in the red brick strip center on East Glenn Ave across from Academy Sports and Sam's Club shopping center. We are in Suite #302

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

DATE \_\_\_\_\_

Physician's Name PRINTED \_\_\_\_\_

**\*\*Signature and date stamps are not allowed. Signatures must comply with the CMS signature requirements outlined in PIM 3.3.2.4.\*\***