



PRESCRIBER'S PRESCRIPTION

OrthoCor WC & PI



Patient	Patient Name			
	ICD-10 Code		Do Not Substitute (DAW) _____	
	Product	OrthoCor Medical - OrthoCor Active System and Pods		
	Orientation	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> N/A

Contact Information	PLEASE FAX OR EMAIL COMPLETED FORM TO DS MEDICAL: Fax: (855) 424-3249 Email orders: info@dsmhi.com		
	Billing Questions, Please Call: OrthoCor Billing: 573.214.2061 Ext. 1094	Inquiries, Please Call: DS Medical Holdings: (248) 685-8155	

Prescription Information	OrthoCuff		
	<input type="checkbox"/> Cervical - Universal Size	<input type="checkbox"/> Elbow - Universal Size	
	Foot / Ankle	Hand / Wrist	
	<input type="checkbox"/> Medium	<input type="checkbox"/> Small	
	<input type="checkbox"/> Large	<input type="checkbox"/> Medium	
	Lumbar	Knee	
	<input type="checkbox"/> Small/Medium	<input type="checkbox"/> Small/Medium	
<input type="checkbox"/> Large	<input type="checkbox"/> Large		
<input type="checkbox"/> Hip - Universal Size	<input type="checkbox"/> Shoulder – Universal Size		
Continuous Need	OrthoPods		
	<input type="checkbox"/> 3 Month / 90 Pairs	<input type="checkbox"/> Other _____	

Prescriber Information	Prescriber Signature			Date	
	Prescriber Printed Name			NPI	
	Address				
	City		State		Zip