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SOLUTIONS

ORTHO CARE

EQUIPMENT SUPPLY DETAILED WRITTEN ORDER

PATIENT NAME: _____ HIC#: _____

ADDRESS: _____

PHONE: _____ DOB: _____

DATE OF ORDER: _____ LENGTH OF NEED: _____

DIAGNOSIS: (LIST ALL) _____

ITEMS ORDERED:

___ L0626 Lumbar orthosis (LO), sagittal control, with rigid posterior panel(s), posterior extends from L-1 to below L-5 vertebra, produces intracavitary pressure to reduce load on the intervertebral discs, includes straps, closures, may include padding, stays, shoulder straps, pendulous abdomen design, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise

PHYSICIAN NAME: _____ PHYSICIAN NPI: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

PLEASE PROVIDE CHART NOTES FOR ABOVE ORDERED EQUIPMENT.