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SOLUTIONS

ORTHO CARE

EQUIPMENT SUPPLY STANDARD WRITTEN ORDER

PATIENT NAME: _____ HIC#: _____

ADDRESS: _____

PHONE: _____ DOB: _____

DATE OF ORDER: _____ LENGTH OF NEED: _____

DIAGNOSIS: (LIST ALL) _____

ITEMS ORDERED:

 L9171 *Ankle foot orthosis, plastic or other material with ankle joint, prefabricated, includes fitting and adjustment*

PHYSICIAN NAME: _____ PHYSICIAN NPI: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

I certify that I am the prescribing physician. I have reviewed this standard written order and confirm the items prescribed and diagnosis are to the best of my knowledge accurate.

PLEASE PROVIDE CHART NOTES FOR ABOVE ORDERED EQUIPMENT.