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NPI#:168949737  
TAX ID: 45-4774794



**EQUIPMENT SUPPLY DETAILED WRITTEN ORDER**

**PATIENT NAME:** \_\_\_\_\_ **HIC#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**DATE OF ORDER:** \_\_\_\_\_ **LENGTH OF NEED:** \_\_\_\_\_

**DIAGNOSIS: (LIST ALL)** \_\_\_\_\_

**ITEMS ORDERED:**

\_\_\_ L3100 RT and/ or LT **Hallus-valgus night dynamic splint, prefabricated, off-the-shelf**

**PHYSICIAN NAME:** \_\_\_\_\_ **PHYSICIAN NPI:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE PROVIDE CHART NOTES FOR ABOVE ORDERED EQUIPMENT.**