



# Detailed Written Order

Beneficiary: \_\_\_\_\_ Interpreter: \_\_\_\_\_

Address: \_\_\_\_\_

Dob: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name and Number: \_\_\_\_\_

ICD-10: \_\_\_\_\_

## Equipment Ordered:

L0650 LSO Back Brace.  L0642 Lumbar Brace.  SI Belt(S,M,Lg)

L0457 TLSO Backpack Style Back Brace

L1832 Soft Dbl. Upright Knee Brace (Right or Left)

L852 Rigid Dbl. Upright Knee Brace (Right or Left)

L3916 Wrist Brace (Right or Left)  OTHER: \_\_\_\_\_

It is Prescribed to: (Check all that apply for back braces)

To reduce pain by restricting mobility of the trunk

To facilitate healing following an injury

To facilitate healing following a surgical procedure

To otherwise support weak spinal muscles and/or a deformed spine

\_\_\_\_\_  
Physician Signature & NPI

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone: