

STEP 1: Fill Out ^{Rx}

Patient:

Name _____
Address _____

Tel (_____) _____

Doctor:

Name _____
Address _____

Tel (_____) _____

Diagnosis _____ ICD 10 CODE _____
Surgical Procedure _____ D.O.S. _____

STEP 2: Select

GUARDIAN SPORT EXT REHABILITATOR

Custom Fit ___Left ___Right

GUARDIAN SPORT REHABILITATOR

Custom Fit

Medial Unloader ___Left ___Right

Lateral Unloader ___Left ___Right

GUARDIAN SPORT PCL REHABILITATOR

Custom Fit ___Left ___Right

GUARDIAN MULTI-LIGAMENT REHABILITATOR

Custom Fit ___Left ___Right

KNEE LIGAMENT BRACES

Custom Made

ACL **CTi[®]**

PCL

MCL

Custom Fitted

ACL ___Left ___Right

PCL ___Left ___Right

MCL ___Left ___Right

OSTEOARTHRITIS KNEE BRACE

Medial Unloader ___Left ___Right

Lateral Unloader ___Left ___Right

CPM

Knee Shoulder Elbow

GAME CHANGER Knee extension assist device

POST-OP KNEE BRACE

POST-OP ELBOW BRACE

REBOUND HIP BRACE Post hip arthroscopy brace

GEKO Pre and post operative edema reduction

BIO SHOULDER ORTHOSIS w/ABD PILLOW

Provides immobilization for surgical repairs of the shoulder

SHOULDER BRACE w/AIRPLANE KIT

Versatile shoulder brace with a customizable airplane kit

GAME READY ACCELERATED RECOVERY SYSTEM

Advanced active compression and cold therapy

Shoulder Ankle Knee Elbow Hip Hand/Wrist

Compression Setting:

None Low (5-15mmHg) Med. (5-50mmHg) High (5-75mmHg)

CRYOTHERAPY

Bio Cryo Cold Therapy System

Shoulder Ankle Knee Hip

SHIELDS II – HINGED PATELLA FEMORAL BRACE

POSTEO BRACE TLSO (*Custom fitted*)

MIAMI LUMBAR SPINAL ORTHOSIS (*Custom fitted*)

BONE GROWTH STIMULATOR

OTHER (Please Specify)

STEP 3: Sign/Date

_____, M.D.

D.A.W. – Physician Signature

NPI _____ Date _____

STEP 4: Fax

**Fax completed form, patient's demographics
and all insurance information to:**

1-800-866-8011