



GEORGIA BRACE & SPINE

For Georgia Brace & Spine to provide optimum care, please include the following with this order:

- Specific prescription and letter of medical necessity
- Insurance information, including ***Enlarged*** and ***Clear Copy of Card(s), Front & Back***
- Physician notes
- Patient demographics

Brace Order Form / Letter of Medical Necessity / Prescription

Date: _____
Patient Name: _____ DOB: ____/____/____ Sex: M or F
Patient Contact Number/Email: _____/_____
Order Requested By: _____
Phone#/Fax#/Email: _____/_____
Physician/Surgeon: _____ NPI# _____
Diagnosis: _____ ICD10 _____
Surgery Date/Time: _____ Pre-Op Date/Time _____
Name of Hospital: _____ Room #: _____
Deliver To: Patient Home Hospital (circle one)
Product: _____ HCPC Code(s): _____
Specific Manufacturer Y or N (please circle), if so Name and Model: _____

SPINE LSO

SPINE TLSO

CERVICAL/OTHER

- | | | |
|---|--|--|
| <input type="radio"/> Aspen Horizon Pro 637 | <input type="radio"/> Aspen Horizon Pro 456 | <input type="radio"/> Aspen Vista TX (L0174) |
| <input type="radio"/> Aspen Horizon Pro 631 (low pro) | <input type="radio"/> TLSO Clamshell (L0486/L0464) | <input type="radio"/> Philly Collar (L0172) |
| <input type="radio"/> Elastic Corset w/ AP Shells (L0627/L0642) | <input type="radio"/> Hyperextension Brace, Jewett (L0472) | <input type="radio"/> Hinged Knee (L1832) |
| <input type="radio"/> Custom LSO, Anterior Opening (L0638) | <input type="radio"/> CTO (L0200) | <input type="radio"/> Shoulder Brace (L3670) |
| | <input type="radio"/> CTLSO (L0710) | |

Other: _____

By my signature, I am prescribing the item listed above. In my judgment, the above-prescribed item is medically necessary, and consistent with current accepted standards of medical practice and treatment of this patient's condition

Physicians Signature: _____
Physicians Printed Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Thank You for Your Business