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Please fax completed form to 248-282-9049

STANDARD WRITTEN ORDER (SWO)

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Insurance: _____ ID #: _____

Spine




☐ L0650 Lumbar Support w/Lateral Stability

☐ L0648 Lumbar Support

☐ L0642 Lumbar Support Low Profile

☐ L0457 Thoracic Support

- ❑ Lumbago / Low Back Pain (M54.5)
- ❑ Arthrosis - Lumbar/Thoracic (M47.817 / M47.814)
- ❑ Degenerative Disc Disease (M51.36)
- ❑ Disc Replacement (M50.2 / M51.26 / M51.84)
- ❑ Fracture (S12.9XXA / S32.0008A / S22.009A)
- ❑ Kyphosis/Scoliosis (M40.00 / M48.04)
- ❑ Radiculitis (M54.16)
- ❑ Stenosis - lumbar/thoracic (S33.5XXA / S23.3XXA)
- ❑ Other: _____

Lower Extremity ☐ Left ☐ Right




☐ L1902 Ankle Brace

Walking Boot Pneumatic
☐ L4361 Non-Pneumatic
☐ L4387

Night Splint Posterior
☐ L4397 Dorsal
☐ L4397

☐ L1951 OTS AFO

- ❑ Achilles Bursitis (M76.62 / M76.61)
- ❑ Foot Drop (M21.372 / M21.371)
- ❑ Fracture (S84.375A / S84.374A)
- ❑ Instability (M24.872 / M24.871)
- ❑ Plantar Fibromatosis (M72.2)
- ❑ Sprain (S93.401A / S93.402A)
- ❑ Other: _____

Upper Extremity ☐ Left ☐ Right


☐ L3908 Wrist Splint

☐ L3809 Wrist & Thumb Splint

- ❑ Carpal Tunnel Syndrome (G56.00)
- ❑ Rheumatoid Arthritis and other inflammatory polyarthropathies (M06.9)
- ❑ Sprains and Strains of radial carpal (joint)(ligament) (S63.329A/S66.529A)
- ❑ Sprains and Strains of the wrist (S63.90XA/S66.919A)
- ❑ Radial Styloid Tenosynovitis (M65.4)
- ❑ Other: _____

Knee ☐ Left ☐ Right


☐ L1833 Hinged Knee Brace

☐ L1851 OA Knee Brace

- ❑ ACL Disruption (M23.612 / M23.611)
- ❑ Cartilage Tear (S83.502A / S83.501A)
- ❑ Dislocation (S83.105A / S83.104A)
- ❑ Instability (M23.52 / M23.51)
- ❑ Osteoarthritis (M17.12 / M17.11)
- ❑ Sprain (S83.8X2A / S83.8X1A)
- ❑ Other: _____

☐ **Other**: _____

Diagnosis: _____

I certify that the above prescribed equipment is medically indicated and supports standards of medical practice for this diagnosis.

Ordering Doctor: _____ **NPI:** _____ **Phone:** _____

Signature: _____ **Date:** _____ **Fax:** _____