TACTICAL Rehabilitation

DOD ID #_____

PATIENT INFORMATION

DOB _____ /_____ /_____
mm dd yyyy

Last Name _____ First Name _____

Local Address _____ APT/STE#_____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Benefits Number _____

Sex _____ Diagnosis Code(s) _____ _____ _____ _____ _____ Length of Need (1-99) _____

Address listed above same as shipping? ☐ **YES** ☐ **NO** **Do you have OHI (Other Health Insurance)?** ☐ **YES** ☐ **NO**

PRODUCT SIZE: ☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ Universal ☐ Custom

ORIENTATION: ☐ RIGHT ☐ LEFT ☐ Universal ☐ Bilateral ☐ Medial ☐ Lateral

VENDOR: ☐ DonJoy (DJO) ☐ Aspen ☐ VIVE/Coretech ☐ Other_____ **QUANTITY**_____

TENS

☐ **TENS Combo and Year Supply Kit**
- TENS (for purchase/lifetime use) E0730-1
- Conductive Garment E0731-1
- Year Supply of Electrodes A4556-72
- Lead Wire A4557-2
- Conductive Gel A4558-6

TENS Model
☐ TENS ☐ TENS/IF ☐ TENS/NMES

SERIAL #_____

Garment Type ☐ 4x10 Dual Pad ☐ 4x7 Dual Pad ☐ Glove ☐ Sock ☐ Sleeve

☐ Year Supply of Electrodes A4556-72

SPINE

LSO Brace ☐ L0650 ☐ L0648

TLSO Brace ☐ L0457

Cervical Collar ☐ L0180*

Hip Brace ☐ L1686*

ARM

Elbow Brace ☐ L3761 ☐ L3762

WTO Brace ☐ L3809

Wrist Brace ☐ L3908

Hinged Wrist Brace ☐ L3916

Shoulder Brace ☐ L3960* ☐ L3675

ANKLE/FOOT

☐ **MASS Posture Theory Custom Orthotic**...L-3000-4
.....2 pair: 1 Garrison and 1 Field Pair with leafs (2 sets)

☐ **MASS Posture Theory Custom Orthotic**....L-3000-2
1 pair: Other (Choose ONE) ☐ Dress ☐ Field ☐ Garrison

Night Splint ☐ L4397 ☐ L4398

AFO ☐ L1951* ☐ L1932*

Walking Boot ☐ L4361

Ankle Brace ☐ L1906 ☐ L1902 ☐ L19710*

KNEE

CUSTOM KNEE BRACES:

Defiance ☐. L1846+L2820+L2830 +L2755-2+L2397

Ascender ☐ L1846

Adonis ☐ L1844

Sleeve ☐ L12397

OTS/CUSTOM FIT KNEE BRACES

☐ L1852 ☐ L1851 ☐ L1833

☐ L1820* ☐ L1821 ☐ L1812+L2795

OTHER

☐ **Roll-About Knee Scooter** E0118-1

☐ **Other/description**_____

_____

HCPCS Code_____ (include sizing/orientation)

Product Info

***Place Product Sticker here <u>or write in specfic product type</u> here in this box.*INCLUDE SERIAL #'s**

***All products with red asterisk require a custom fit form and applicable customizations**

☐ **Electronic Physician Signature on Referral**

Physician Signature _____ E-mail_____

Date ___ /___ /_____ NPI#_____ Phone #_____
mm dd yyyy

I acknowledge I have been fit/cast for the product indicated above, and my product will be available within 7-10 business days to pick up. After product availability, if after 3 contact attempts have been made the facility is not able to make contact with me, Tactical Rehabilitation has permission to ship my product to the shipping address provided.

Patient Signature _____ Today's Date _____ /_____ /_____
mm dd yyyy

I have received the product(s) listed above and have been trained/instructed on its proper use.

Patient Signature (Pick up)_____ Date _____ /_____ /_____
mm dd yyyy

Shipping Tracking #_____ Date _____ /_____ /_____
mm dd yyyy

Shipping Date of Delivery _____ /_____ /_____