



Claim # _____

PATIENT INFORMATION

DOB ____/____/____
mm dd yyyy

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Benefits Number _____

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

Mailing address same as shipping? YES NO

Please include the following information in your order through the CHCS/AHLTA/Genesis system:

This is an order for a _____ Code _____ Quantity _____

as listed from Tactical Rehabilitation (Fed Tax ID 46-2082171).

Order Date ____/____/____

Brace Size: Small Medium Large X-Large XX-Large Universal

Orientation: RIGHT LEFT Bilateral Medial Lateral

TENS	<input type="checkbox"/> TENS 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	ANKLE/FOOT	<input type="checkbox"/> Sole Support UCB Custom Orthotic L-3000-42 pair: 1 Garrison and 1 Field Pair with leafs (2 sets)
	InTENSity TENS Model <input type="checkbox"/> InTENSity 12 <input type="checkbox"/> IF COMBO <input type="checkbox"/> Twin Stim Serial # _____ <input type="checkbox"/> Garment Type <input type="checkbox"/> Back <input type="checkbox"/> Cervical <input type="checkbox"/> Shoulder <input type="checkbox"/> Knee/Arm <input type="checkbox"/> Hand/Wrist <input type="checkbox"/> Foot/Ankle <input type="checkbox"/> Year Supply of Electrodes A4556-72		<input type="checkbox"/> Sole Support UCB Custom Orthotic L-3000-2 1 pair: Other (Choose ONE) <input type="checkbox"/> Dress <input type="checkbox"/> Field <input type="checkbox"/> Garrison <input type="checkbox"/> DJO Airselect Standard Boot L4361/L4360-1 <input type="checkbox"/> DJO Airselect Short Boot L4361/L4360-1 <input type="checkbox"/> DonJoy Velocity Ankle Brace L1906-1 <input type="checkbox"/> DonJoy Ankle Brace L1902-1
SPINE	<input type="checkbox"/> Vista MultiPost Collar L0180-1 <input type="checkbox"/> Aspen Horizon LSO L0650-1 <input type="checkbox"/> Aspen (Back Pack) TLSO L0456/L0457-1 <input type="checkbox"/> Aspen Active P-TLSO L0456/L0457-1 <input type="checkbox"/> DDS 500 LSO L0648-1 <input type="checkbox"/> Aspen Peak Scoliosis Brace L1005-1 <input type="checkbox"/> Ossur Hip Unloader L1690-1	KNEE	<input type="checkbox"/> DonJoy Defiance III L1846+L2820+L2830 (Custom) +L2755+L2397-1 <input type="checkbox"/> DonJoy OA Nano L1852/L1845-1 <input type="checkbox"/> DonJoy Armor L1852/L1845-1 <input type="checkbox"/> DonJoy Playmaker L1833/L1832-1 <input type="checkbox"/> DonJoy Econ Hinged L1820-1 <input type="checkbox"/> DonJoy Tru-Pull Lite L1812/L1810+L2795-1 <input type="checkbox"/> DonJoy Reaction Web L1812+L2795-1
	ARM		<input type="checkbox"/> DonJoy IROM Elbow L3760-1 <input type="checkbox"/> DonJoy/Procure Quick-Fit WTO L3807-1 <input type="checkbox"/> DonJoy/Procure Carpal Tunnel L3908-1 <input type="checkbox"/> DonJoy Sully Shoulder L3670-1

Physician Signature _____ E-mail _____

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

I acknowledge I have been fit/cast for the custom product indicated above, and my product will be available within 7-10 business days. If after a minimum of 30 days, the facility is not able to make contact with me, Tactical Rehabilitation has permission to ship my product to the address provided above on this form or provided on alternate address form.

Patient Signature _____ Date ____/____/____
mm dd yyyy

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

Patient Signature _____ Date ____/____/____
mm dd yyyy