DETAILED WRITTEN ORDER

TACTICAL Rehabilitation

PATIENT INFORMATION

Last Name _____ First Name _____

Benefits Number _____ DOB _____ /_____ /_____
mm dd yyyy

Phone _____ E-mail _____

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

PRODUCT ORDERING INFORMATION

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

ROM Elbow ☐ L3761
WTO Brace ☐ L3809
Wrist Brace ☐ L3908
Hinged Wrist Brace ☐ L3916
Shoulder Brace ☐ L3960* ☐ L3675

ANKLE/FOOT

☐ **Sole Support UCB Custom Orthotic** L-3000-4
..... 2 pair: 1 Garrison and 1 Field Pair with leafs (2 sets)

☐ **Sole Support UCB Custom Orthotic**.....L-3000-2
1 pair: Other (Choose ONE) ☐ Dress ☐ Field ☐ Garrison

Night Splint ☐ L4397
AFO ☐ L1951* ☐ L1932*
Walking Boot ☐ L4361
Ankle Brace ☐ L1906 ☐ L1902

KNEE

Custom Knee Brace ☐. L1846+L2820+L2830 +L2755-2+L2397

OTS Knee ☐ L1852 ☐ L1851 ☐ L1833 ☐ L1820* ☐ L1812+L2795

OTHER

☐ **Roll-About Knee Scooter** E0118-1
☐ **Other/description**_____

HCPCS Code (include sizing/orientation)

ADDITIONAL JUSTIFCIATION NOTES

Ordering Provider Signature_____ NPI#_____

Phone _____ Date _____ /_____ /_____
mm dd yyyy

Email_____

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