

Patient's Information

First Name _____ Initial _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Weight _____ Height _____ Sex _____

Phone _____

Primary Insurance _____ ID# _____	
Secondary Insurance _____ ID# _____	
Primary Person on Insurance _____	
Last Name _____	First Name _____
Date of Birth _____	

Doctor's Name _____

NPI# _____

Doctor's Signature _____ Date _____

Certificate of Medical Necessity

Diagnosis / ICD-10 Codes _____
Length of Time 99months _____

Prognosis Poor Guarded Custom Fit

After a comprehensive assessment and evaluation of this patient, I certify the medical equipment/supplies is\are of medical necessity for treatment.

LSO

To facilitate healing following an injury to the spine or related soft tissue around the spine.

- Patient needs support for weak spinal muscles
- PT Complaints of low back pain _____ x months/years
- Pain radiates to lower extremities. Yes / No
- Reason for custom fit?
 - 1. Waist to Hip ratio disparity
 - 2. Obesity
 - 3. Short Stature/Torso
 - 4. Hyper/Hypo Lordosis
 - 5. Pendulous Abdomen
 - 6. Hyper-kyphosis

Knee Brace

- Pain in patient knee restricting daily activity. Yes / No
- Pain is made worse with (circle all that apply):
Bending / Walking / Prolonged Standing / Sitting /
- Current list of nonsurgical pain relief modalities:
(circle all that apply):
Heat/Ice / NSAIDS / Massage / Ben-Gay, Icy Hot,
other applied pain relief cream / Physical Therapy
- Other comments: _____

AFO

- Muscle weakness M62.81
- Ataxia R27.0
- Muscular incoordination R27.8
- Gait abnormality R26.89
- Osteoarthritis (localized primarily in ankle/foot) M19.079
- Arthropathy (ankle/foot) M02.27
- Pain or instability of ankle/foot M25.37
- Mild drop foot M21.379
- Hemiplegia G81.94

Product List

- Cervical Traction Unit
- Aspen LSO
- Aspen TLSO
- Peak Scoliosis
- Prosthetics
- Lift Chair
- Aspen Knee Brace
- Scooter
- AFO Stabilizer
- TENS Unit
- Nebulizer
- OA Aspen
- Shoulder Brace
- Other _____