

TruArch Foot & Brace – Physician Prescription

Patient Name _____ DOB _____ DATE _____

Diagnosis Codes _____
(Required)

Lower Extremity

- | | |
|--|---|
| <input type="checkbox"/> ACL/PCL Knee Orthosis (L1846) | <input type="checkbox"/> Knee Immobilizer |
| <input type="checkbox"/> Adjustable Hinge, ROM (L1832) | <input type="checkbox"/> Lateral / Medial Shoe Flare (L3390) |
| <input type="checkbox"/> Ankle Stabilizing Orthotic (L1906) | <input type="checkbox"/> Lateral J Brace |
| <input type="checkbox"/> Carbon Fiber Spring Plate (L3031) | <input type="checkbox"/> Metatarsal Bar <input type="checkbox"/> RT <input type="checkbox"/> LT (L3400) |
| <input type="checkbox"/> Cast Shoe/Post op Shoe (L3260) | <input type="checkbox"/> Motion Control Shoes (L3215) |
| <input type="checkbox"/> Comp. Hose _____ mmHg <input type="checkbox"/> Knee <input type="checkbox"/> Thigh High | <input type="checkbox"/> Non Diabetic Custom Shoe (L3250) |
| <input type="checkbox"/> Custom ACL/PCL Orthosis (L1845) | <input type="checkbox"/> OA Knee Orthosis (L1843) |
| <input type="checkbox"/> Custom AFO, (Style) _____ | <input type="checkbox"/> Off the Shelf AFO |
| <input type="checkbox"/> Custom DM Inlays (A5513) | <input type="checkbox"/> Plantar Fasciitis Night Splint (L4396) |
| <input type="checkbox"/> Arch Supports (L3002) | <input type="checkbox"/> PRAFO Boot (L1930) |
| <input type="checkbox"/> Custom Foot Orthotics (L3020) | <input type="checkbox"/> PTB (Patella Tendon Bearing) Brace |
| <input type="checkbox"/> Custom OA Knee Orthosis (L1844) | <input type="checkbox"/> Shoe Lift, <input type="checkbox"/> RT <input type="checkbox"/> LT ___ in ___ cm (L3310) |
| <input type="checkbox"/> Custom SMO | <input type="checkbox"/> Shoes Attached to Brace (L3224) (L3225) |
| <input type="checkbox"/> Darco Heel Wedge (L3260) | <input type="checkbox"/> Stirrup Brace, Air or Gel (L4350) |
| <input type="checkbox"/> Darco Orthwedge (L3260) | <input type="checkbox"/> Toe Filler (L5000) |
| <input type="checkbox"/> Diabetic Custom Shoes (A5501) | <input type="checkbox"/> UCB Foot Orthosis (L3000) |
| <input type="checkbox"/> Diabetic Shoes/Inserts (A5500) | <input type="checkbox"/> Walking Boot (4386) <input type="checkbox"/> Tall <input type="checkbox"/> Short |
| <input type="checkbox"/> Heel Cups | <input type="checkbox"/> Walking Boot, Pneumatic <input type="checkbox"/> Tall <input type="checkbox"/> Short (L4360) |
| <input type="checkbox"/> Hinged Knee Brace (L1820) | <input type="checkbox"/> Wound Healing Sandal (L4386) |
| <input type="checkbox"/> Juxta Lite (CIRCAID) Wraps (A6545) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> KAFO <input type="checkbox"/> HKAF0 | |

Upper Extremity

- | | | |
|---|---|--|
| <input type="checkbox"/> Custom LSO | <input type="checkbox"/> LSO | <input type="checkbox"/> Ulnar Fx Orthosis |
| <input type="checkbox"/> Custom Scoliosis | <input type="checkbox"/> Shoulder Immobilizer | <input type="checkbox"/> Wrist Splint/Carpal Tunnel Orthosis |
| <input type="checkbox"/> Custom TLSO | <input type="checkbox"/> Thumb SPICA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Custom WHO | <input type="checkbox"/> Humeral Fx Orthosis | |
| <input type="checkbox"/> Elbow ROM Splint | <input type="checkbox"/> TLSO | |

Physician's Printed Name

X _____
Physician's Signature

****EQUIPMENT DURATION:**

Lifetime _____ Months

PLEASE INDICATE