



Fax Completed document to: 305-675-0128

Date: \_\_\_\_\_

<u>PATIENT INFORMATION</u>	<u>PHYSICIAN INFORMATION</u>
Name: _____	Name: _____
D.O.B: _____	NPI: _____
Address: _____	Tel: _____
City,ST ZIP: _____	Fax: _____
Tel: _____	

**1: PREFABRICATED CERVICAL OR UPPER EXTREMITY ORTHOSIS**

- L0120 - Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)
- L0172 - Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf
- L0174 - Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf
- L3660- Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf
- L3960 - Shoulder elbow wrist hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment
- L3760 - Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type
- L3809 - Wrist hand finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type
- L3908 - Wrist hand orthosis (WHO), wrist extension control cock-up, non molded, prefabricated, off-the-shelf
- L3916 - Wrist hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf

2. WHICH SIDE     Both     Left     Right    Size: \_\_\_\_\_     N/A    *\*Both if not specified*

**3. DIAGNOSIS (ICD-10):**

**4. LENGTH OF NEED:**

*(lifetime if not indicated)*

**5. SIGNATURE & DATE** - By signing below, I confirm the medical supplies and/or medication herein are medically necessary and that this prescription is valid for One Stop Integrated Solutions Corp and its subsidiaries. I have had a face-to-face encounter with this patient within the last 6 months and have documented the condition related to this order in their medical record. I will furnish substantiating medical records upon request.

\*\*\*Printed name and NPI required of signing physician if different from provider printed above\*\*\*

Physician Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_

Printed Name: \_\_\_\_\_

Start Date: \_\_/\_\_/\_\_

# ONE STOP

## INTEGRATED SOLUTIONS

### CERVICAL & UPPER EXTREMITY ORTHOSIS PRESCRIBING GUIDE

<p><input type="checkbox"/> L0120 Cervical, flexible, non-adjustable, prefabricated, off-the-shelf (foam collar)</p>  <p>Indications Whiplash Herniated Discs Mild neck injuries</p>	<p><input type="checkbox"/> L0172 Cervical, collar, semi-rigid thermoplastic foam, two-piece, prefabricated, off-the-shelf</p>  <p>Indications Whiplash Herniated Discs Mild neck injuries</p>	<p><input type="checkbox"/> L0174 Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension, prefabricated, off-the-shelf</p>  <p>Indications Whiplash Herniated Discs Post-operative support</p>
<p><input type="checkbox"/> L3660 Shoulder orthosis (SO), figure of eight design abduction restrainer, canvas and webbing, prefabricated, off-the-shelf</p>  <p><input type="checkbox"/> Right   <input type="checkbox"/> Left</p> <p>Indications Rotator cuff repairs Bankart repairs Genohumeral dislocations</p>	<p><input type="checkbox"/> L3960 Shoulder elbow wrist hand orthosis (SEWHO), abduction positioning, airplane design, prefabricated, includes fitting and adjustment</p>  <p><input type="checkbox"/> Right   <input type="checkbox"/> Left</p> <p>Indications Osteoarthritis Rheumatoid arthritis Meniscal cartilage derangement</p>	<p><input type="checkbox"/> L3760 Elbow orthosis (EO), with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type</p>  <p><input type="checkbox"/> Right   <input type="checkbox"/> Left</p> <p>Indications ACL, PCL, MCL, and LCL injuries Sprains and strains of the knee Loose body in the knee</p>
<p><input type="checkbox"/> L3809 Wrist hand finger orthosis (WHFO), without joint(s), prefabricated, off-the-shelf, any type</p>  <p><input type="checkbox"/> Right   <input type="checkbox"/> Left</p> <p>Indications Brace migration Skin irritation Adding soft tissue compression</p>	<p><input type="checkbox"/> L3908 Wrist hand orthosis (WHO), wrist extension control cock-up, non molded, prefabricated, off-the-shelf</p>  <p><input type="checkbox"/> Right   <input type="checkbox"/> Left</p> <p>Indications Brace migration Skin irritation Adding soft tissue compression</p>	<p><input type="checkbox"/> L3916 Wrist hand orthosis (WHO), includes one or more nontorsion joint(s), elastic bands, turnbuckles, may include soft interface, straps, prefabricated, off-the-shelf</p>  <p><input type="checkbox"/> Right   <input type="checkbox"/> Left</p> <p>Indications Brace migration Skin irritation Adding soft tissue compression</p>