

CLINICARE MEDICAL RESOURCES

9245 Lazy Lane
Tampa, FL 33614

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Patient's Name: _____

Facility: _____

Referral: _____

Order Date: _____

Name Printed

Title

Medicare Status:

Med A

Med B

MDS /BD: _____

Name Verification

SPINAL ORTHOSIS ORDER/KX DOCUMENTATION

Diagnosis (Check all that apply)

M40.209	Kyphosis (acquired)	<input type="checkbox"/>	G35	Multiple Sclerosis	<input type="checkbox"/>
M40.40	Lordosis (acquired) (postural)	<input type="checkbox"/>	G12.21	Motor Neuron Disease	<input type="checkbox"/>
M43.9	Spinal deformity (acquired)	<input type="checkbox"/>	Q76.2	Spondylolisthesis (osteoarthritis)	<input type="checkbox"/>
Q67.5	Spinal deformity (congenital)	<input type="checkbox"/>	M45.9	Rheumatoid Arthritis of spine NOS	<input type="checkbox"/>
M41.20	Scoliosis and Kyphoscoliosis	<input type="checkbox"/>	M46.00	Spinal Enthesopathy	<input type="checkbox"/>
M43.8X9	Other Acquired Deformity of Spine	<input type="checkbox"/>	M47.819	Osteoarthritis NOS / Spondylosis	<input type="checkbox"/>
M54.9	Back Pain (postural)	<input type="checkbox"/>	M81.0	Osteoporosis	<input type="checkbox"/>
M54.89	Back Pain, unspecified	<input type="checkbox"/>	M43.6	Torticollis (Cervical Spine)	<input type="checkbox"/>
G12.8	Adult Spinal Muscular Atrophy	<input type="checkbox"/>	S33.5XXA	Lumbar Sprain	<input type="checkbox"/>
M48.061	Spinal Stenosis, Lumbar Region	<input type="checkbox"/>	_____	Other	<input type="checkbox"/>

PRESCRIPTION

PROGNOSIS

MONTH PRESCRIBED

MEASUREMENTS

EXPECTED OUTCOME

LSO								
ASPEN	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	6-9 Months	<input type="checkbox"/>	Waist circum. _____	Treat & correct contracture	<input type="checkbox"/>
FREEMAN	<input type="checkbox"/>	FAIR	<input type="checkbox"/>	9-12 Months	<input type="checkbox"/>	Hip circum. _____	Increase range of motion	<input type="checkbox"/>
OTHER	<input type="checkbox"/>			Indefinitely	<input type="checkbox"/>	Axilla-Trochanter _____	Decrease pain	<input type="checkbox"/>

TLSO

RCAI CHAIRBACK
SUMMIT
DISCOVERY
OTHER

Other sizing or fitting details:

CERVICAL COLLAR

MIAMI J
ASPEN
KENTUCKY
KOLLAR

WITH HEAD STRAP

- To reduce pain by restricting mobility of the trunk
- To facilitate healing following an injury to the spine or related soft tissue
- To facilitate healing following a surgical procedure on the spine or related soft tissue
- To otherwise support weak spinal muscles and/or a deformed spine

Signature

Print Name

Title

Date

HKO ORDER / KX DOCUMENTATION

Diagnosis (Check all that apply)

M24.559	Hip & Knee joint Abduction/Adduction	<input type="checkbox"/>	M24.859	Hip / Leg Instability	<input type="checkbox"/>
M21.159	Varus Deformity (external rotation)	<input type="checkbox"/>	M15.9	Osteoarthritis NOS	<input type="checkbox"/>
M21.059	Valgus Deformity (internal rotation)	<input type="checkbox"/>	I67.89	CVA	<input type="checkbox"/>
M21.769	Deformity of Leg	<input type="checkbox"/>			

PRESCRIPTION

HIP & KNEE ORTHOSIS

BMI
OCSI
Independent Brace

PROGNOSIS

GOOD
FAIR

MONTH PRESCRIBED

6-9 Months
9-12 Months
Indefinitely

MEASUREMENTS

Thigh Circumference
(4 inch above knee)

EXPECTED OUTCOME

Treat & correct contracture
Increase range of motion
Decrease pain