

POST OPERATIVE BRACING FORM

Patient Name:	
DOB:	
Address:	
Telephone:	

Estimated Length of Need:	<u> 6 </u> Weeks	<u> </u> Months	<u> </u> Years	<u> </u> Lifetime
----------------------------------	--------------------	----------------------	---------------------	------------------------

Diagnosis:	
-------------------	--

Prognosis:	
-------------------	--

Justification:	This device will be worn 24 hours per day for 6 weeks to optimally position the upper extremity for stability at the shoulder and brachial plexus following surgery.

Date of Surgery:	
-------------------------	--

Type of Surgery:	
-------------------------	--

<u>Description/Usage of Supplies:</u>	<u>Quantity</u>	<u>Modifier</u>
L3971 Shoulder-elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuckles, may include soft interface, straps, custom fabricated	1	

BRACE TYPE:	<u> </u> Modified Airplane	<u> </u> Modified Gunslinger
--------------------	---------------------------------	-----------------------------------

Signature of physician certifies that the above represents his/her judgment of the patient's need for the item. **IMPORTANT: This form must be signed and dated by the prescribing physician before the prescribed item(s) may be considered for payment.**

PHYSICIAN NAME:	RAHUL K. NATH, M.D.	UPIN:	F30178
ADDRESS:	2201 W. HOLCOMBE, SUITE 225		
CITY, STATE, ZIP	HOUSTON, TX 77030		
TELEPHONE	(713) 592-9900	FAX:	(713) 592-9921

Physician Signature

Date

- Complete all gray areas.
- Have Dr. Nath sign and date LMN.
- Attach Patient Demographic sheet.
- Attach medical records indicating patient history and treatment.
- Fax all to 713-747-4249.

**DYNAMIC
ORTHOTICS
and PROSTHETICS**

<i>MEDICAL CENTER:</i>	7015 ALMEDA ROAD, HOUSTON, TX 77054	TEL. (713) 747-4171	FAX (713) 747-4249
<i>SUGAR LAND:</i>	4915 SOUTH MAIN, SUITE 115, STAFFORD, TX 77477	TEL. (281) 980-5300	FAX (281) 980-3595
<i>THE WOODLANDS:</i>	19221 I-45 NORTH, SUITE 480, SHENANDOAH, TX 77385	TEL. (281) 419-6638	FAX (281) 419-7098

76-0524096