



Office: (800) 237-6708 Fax: (888) 532-4008 or 866-658-5585

PHYSICIAN'S ORDER/CMN FOR HOME USE

PLEASE FAX ALONG WITH PATIENT INFORMATION AND MEDICAL RECORDS TO: (888) 532-4008 or 866-658-5585

Patient Name

Date of Birth

Diagnosis(s): _____

Equipment:

- Aspen Horizon/Summit LSO L0627
- Aspen Horizon/Summit LSO L0631
- Aspen Horizon/Summit LSO L0637
- Aspen Horizon/Summit TLSO L0456
- Aspen PEAK Scoliosis Bracing System L1005

Medical Necessity Check all that apply

- To reduce pain by restricting mobility of the trunk
- To facilitate healing following an injury to the spine or related soft tissues
- 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

(Must include supporting documentation from patient's medical record)

Aspen Cervical Collar L0174

Knee Brace Right____ Left____ (Must include clinical documentation of weakness and/or deformity, instability, and that the brace is required for knee stabilization)

Other: _____

Physician Information:

Prescriber Signature: (no stamps please)

Date: (no stamps)

Prescriber Name

Prescriber NPI

*Rehab Technologies, LLC
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