



INITIAL PHYSICIAN ORDER

PREFABRICATED CUSTOM FIT ORTHOTICS

- Functional Wrist Hand Finger Orthosis
- Wrist Cock-Up Splint
- Finger Separators
- Adjustable ROM Elbow Orthosis
- Adjustable ROM Knee Orthosis
- Knee Hyperextension Brace
- Knee Immobilizer
- Ankle Contracture Splint
- Hip Abduction Splint
- CVA Sling
- Cranial Orthosis
- Cervical / Spinal Orthosis
- Diabetic Shoes / Multi-Density Inserts
- Custom Foot Orthotics
- Other: _____

CUSTOM FABRICATED ORTHOTICS

- Custom Wrist Hand Orthosis
- Custom Knee Orthosis
- Custom Ankle Foot Orthosis
- Custom Knee Ankle Foot Orthosis
- Custom Hip Knee Ankle Foot Orthosis
- Custom Spinal Orthosis
- Other: _____

CUSTOM FABRICATED PROSTHETICS

- Partial Foot Prosthesis
- Symes Prosthesis
- Below Knee Prosthesis
- Above Knee Prosthesis
- Below Knee Prosthetic Shrinkers
(*Prefabricated Custom Fit*)
- Above Knee Prosthetic Shrinkers
(*Prefabricated Custom Fit*)
- Replacement Socket
- Preparatory Prosthesis
- Permanent Prosthesis

AFFECTED EXTREMITY:

- Right
- Left

REMARKS/INSTRUCTIONS

Today's Date: ____ / ____ / ____ Home: _____ Facility: _____

Patient Name: _____ Room#: _____

Diagnosis: _____ ICD-10: _____

Requested By: _____ Dept: _____

Physician Name (*print*): _____

Physician Signature: _____ Date: ____ / ____ / ____

Verbal : _____ Clinician Signature: _____ Date: ____ / ____ / ____

FAX to P&O Services, Inc at (248) 809-3379 to initiate a patient evaluation.
 Upon patient insurance verification, every attempt will be made to evaluate the patient within 3 days.
 If you do not hear from us within that timeframe, please call us at (248) 809-3072