



Orthotic & Prosthetic Associates

TAX ID 76-0588783

Please include CLINICALS & DEMOGRAPHICS with this RX.

- Bellaire Office** - 5420 West Loop S., Suite 1200 • Bellaire, TX 77401 • Phone: 713-660-8801 • Fax: 713-660-8809
- Katy Office** - 21700 Kingsland Blvd., Suite 107 • Katy, TX 77450 • Phone: 281-578-4810 • Fax: 281-578-4813
- Conroe Office** - 100 Medical Center Blvd., Suite 214 • Conroe, TX 77304 • Phone: 936-441-0330 • Fax: 936-441-0336
- Cypress Office** - 11301 Fallbrook Dr., Suite 101 • Houston, TX 77065 • Phone: 832-912-4321 • Fax: 832-912-4320

Patient Name _____ Date of Birth _____ Current Date _____

Phone _____ Address _____

Diagnosis _____

Rx

<input type="checkbox"/> CUSTOM BRACE(S) <i>To be evaluated and measured/molded for custom Orthotic(s) A pre-fabricated device will not address the needs of this patient.</i>	<input type="checkbox"/> OFF-THE-SHELF BRACE(S) <i>For best outcome, the prescribed pre-fabricated device and/or supply is to be evaluated for and custom fit by a licensed Orthotist to assure appropriate fit and function, perform necessary adjustments, molding or trimming and to provide wear and care instructions as well as any follow-up needs.</i>
<input type="checkbox"/> PROSTHETIC(S)	<input type="checkbox"/> SHOES <input type="checkbox"/> INSERTS <input type="checkbox"/> SUPPLIES

Physicians: If selecting pre-fabricated, off-the-shelf devices, please check the above box indicating that a qualified individual is necessary in your patient's care. Coding requirements effective January 1, 2014 indicate that documentation must exist in your patient record.

PROGNOSIS: Poor Fair Good Excellent

DURATION OF NEED: 2 Weeks 4 Weeks 90 Days 6 Months 1 Year Lifetime

The item prescribed is medically necessary for the patient's daily function and/or stabilization and healing.

Physician's Signature (Stamped signature not valid)

Date

Physician's Name with Credentials (Printed)

NPI #

Address

Telephone

City, State, Zip

Fax