



Aspen Back Brace *DETAILED WRITTEN ORDER*

ACTIVE MEDICAL	Patient Name:
120 Prosperous Pl Suite 103	Patient DOB:
Lexington, KY 40509	Phone Number:
Phone (859) 421 - 1195	Order Date:
Fax (855) 244-3350	Length of Need:

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

- | | |
|---|--|
| <input type="checkbox"/> M54.5 Low Back Pain
<input type="checkbox"/> M80.08 Age-related Osteoporosis
<input type="checkbox"/> M54.30 Sciatica, unspecified site
<input type="checkbox"/> S32.009 Fracture - Lumbar Region
<input type="checkbox"/> S33.5 Sprain of ligaments
<input type="checkbox"/> M40.00 Postural Kyphosis
<input type="checkbox"/> S13.4 Cervical sprain of ligaments
<input type="checkbox"/> M50.30 Cervical disc degeneration | <input type="checkbox"/> M51.36 Disc degeneration
<input type="checkbox"/> M51.26 Disc Herniation
<input type="checkbox"/> M54.15 Radiculopathy, Thoracolumbar
<input type="checkbox"/> S22.009 Fracture - Thoracic Region
<input type="checkbox"/> M54.17 Radiculopathy, Lumbosacral
<input type="checkbox"/> M41.20 Scoliosis
<input type="checkbox"/> M54.2 Cervical Pain
<input type="checkbox"/> M50.20 Cervical disc herniation |
|---|--|

- | | |
|--|---|
| <input type="checkbox"/> L0650 LSO w/ lateral panels
<input type="checkbox"/> L0457 TLSO
<input type="checkbox"/> L0464 TLSO w/ Sternal Pad | <input type="checkbox"/> L1005 Scoliosis Brace System
<input type="checkbox"/> L0180 Cervical Collar
<input type="checkbox"/> |
|--|---|

Physician Name:	NPI:
Address:	Phone #:

Physician Signature: _____ Date: _____