

**Patient Information**

\_\_\_\_\_  
 Last Name First Name

\_\_\_\_\_  
 Address Sex  M  F

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 City Zip Code DOB

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Phone Emergency Phone

\_\_\_\_\_  
 Insurance Company Name / Insurance ID

**Prescriber Information**

\_\_\_\_\_  
 Doctor's Last Name Doctor's First Name

\_\_\_\_\_  
 Facility Name

\_\_\_\_\_  
 Facility Address

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
 Phone Fax

\_\_\_\_\_  
 Doctor's License # Doctor's NPI #



**Wrist Brace**

- Indicated when immobilization of the MP and CMC joints desired.
- Indicated for deQuervain's syndrome and rheumatoid arthritis.
- Constructed of lightweight, breathable, padded material for maximum comfort & wear.
- Maximum contouring of the palmar crease allows for full finger function.
- Removable & adjustable palmar stay for maximum support. Removable rigid thumb stay is adjustable for a custom fit.
- Provides support and immobilization to weak or injured wrists.
- Breathable neoprene with terry cotton lining provides comfortable wear and continuous compression in daily use.
- Designed for prevention & treatment of carpal tunnel syndrome, arthritis, mild wrist strains/sprains, weak/aching wrists, and after cast removal.
- Easy one-hand application. 8" length.

**ICD-9 Codes:**

<input type="checkbox"/> 714.0 Rheumatoidarthritis	<input type="checkbox"/> 813.18 Radius with ulna, upper end [any part]	<input type="checkbox"/> 813.90 Forearm, unspecified
<input type="checkbox"/> 714.30 Polyarticular juvenile rheumatoidarthritis chronic	<input type="checkbox"/> 813.20 Shaft, unspecified	<input type="checkbox"/> 813.91 Radius (alone)
<input type="checkbox"/> 714.31 Polyarticular juvenile rheumatoidarthritis acute	<input type="checkbox"/> 813.21 Radius (alone)	<input type="checkbox"/> 813.92 Ulna (alone)
<input type="checkbox"/> 714.32 Pauciarticular juvenile rheumatoidarthritis	<input type="checkbox"/> 813.22 Ulna (alone)	<input type="checkbox"/> 813.93 Radius with ulna
<input type="checkbox"/> 714.33 Monoarticular juvenile rheumatoidarthritis	<input type="checkbox"/> 813.23 Radius with ulna	<input type="checkbox"/> 814.00 Closed, carpal bone, unspecified
<input type="checkbox"/> 714.4 Chronic posttraumaticarthritis	<input type="checkbox"/> 813.30 Shaft, unspecified	<input type="checkbox"/> 814.01 Closed, navicular (scaphoid) of wrist
<input type="checkbox"/> 733.8 Malunion and nonunion of fracture	<input type="checkbox"/> 813.31 Radius (alone)	<input type="checkbox"/> 814.02 Closed, lunate [semilunar] bone of wrist
<input type="checkbox"/> 733.81 Malunion of fracture	<input type="checkbox"/> 813.3 Ulna (alone)	<input type="checkbox"/> 814.03 Closed, triquetral (cuneiform) bone of wrist
<input type="checkbox"/> 733.82 Nonunion of fracture	<input type="checkbox"/> 813.33 Radius with ulna	<input type="checkbox"/> 814.04 Closed, pisiform
<input type="checkbox"/> 813.00 Upper end of forearm, unspecified	<input type="checkbox"/> 813.40 Lower end of forearm, unspecified	<input type="checkbox"/> 814.05 Closed, trapezium bone (larger multangular)
<input type="checkbox"/> 813.01 Olecranon process of ulna	<input type="checkbox"/> 813.41 Colles' fracture	<input type="checkbox"/> 814.06 Closed, trapezoid bone (smaller multangular)
<input type="checkbox"/> 813.02 Coronoid process of ulna	<input type="checkbox"/> 813.42 Other fractures of distal end of radius (alone)	<input type="checkbox"/> 814.07 Closed, capitate bone (os magnum)
<input type="checkbox"/> 813.03 Monteggia's fracture	<input type="checkbox"/> 813.43 Distal end of ulna (alone)	<input type="checkbox"/> 814.08 Closed, hamate (unciform) bone
<input type="checkbox"/> 813.04 Other and unspecified fractures of proximal end of ulna	<input type="checkbox"/> 813.44 Radius with ulna, lower end	<input type="checkbox"/> 814.09 Closed, other
<input type="checkbox"/> 813.05 Head of radius	<input type="checkbox"/> 813.45 Torus fracture of radius (alone)	<input type="checkbox"/> 814.10 Open, carpal bone, unspecified
<input type="checkbox"/> 813.06 Neck of radius	<input type="checkbox"/> 813.46 Torus fracture of ulna (alone)	<input type="checkbox"/> 814.11 Open, navicular (scaphoid) of wrist
<input type="checkbox"/> 813.07 Other and unspecified fractures of proximal end of radius	<input type="checkbox"/> 813.47 Torus fracture of radius and ulna	<input type="checkbox"/> 814.12 Open, lunate (semilunar) bone of wrist
<input type="checkbox"/> 813.08 Radius with ulna, upper end [any part]	<input type="checkbox"/> 813.50 Lower end of forearm, unspecified	<input type="checkbox"/> 814.13 Open, triquetral (cuneiform) bone of wrist
<input type="checkbox"/> 813.10 Upper end of forearm, unspecified	<input type="checkbox"/> 813.51 Colles' fracture	<input type="checkbox"/> 814.14 Open, pisiform
<input type="checkbox"/> 813.11 Olecranon process of ulna	<input type="checkbox"/> 813.52 Other fractures of distal end of radius (alone)	<input type="checkbox"/> 814.15 Open, trapezium bone (larger multangular)
<input type="checkbox"/> 813.12 Coronoid process of ulna	<input type="checkbox"/> 813.53 Distal end of ulna (alone)	<input type="checkbox"/> 814.16 Open, trapezoid bone (smaller multangular)
<input type="checkbox"/> 813.13 Monteggia's fracture	<input type="checkbox"/> 813.54 Radius with ulna, lower end	<input type="checkbox"/> 814.17 Open, capitate bone (os magnum)
<input type="checkbox"/> 813.14 Other and unspecified fractures of proximal end of ulna	<input type="checkbox"/> 813.80 Forearm, unspecified	<input type="checkbox"/> 814.18 Open, hamate (unciform) bone
<input type="checkbox"/> 813.15 Head of radius	<input type="checkbox"/> 813.81 Radius (alone)	<input type="checkbox"/> 814.19 Open, other
<input type="checkbox"/> 813.16 Neck of radius	<input type="checkbox"/> 813.82 Ulna (alone)	<input type="checkbox"/>
<input type="checkbox"/> 813.17 Other and unspecified fractures of proximal end of radius	<input type="checkbox"/> 813.83 Radius with ulna	<input type="checkbox"/>

PLEASE SPECIFY WRIST FOR TREATMENT:  RIGHT  LEFT  BILATERAL Length of need is 99 months (unless specified) Other: \_\_\_\_\_ Month(s)

XS 4 1/2 - 5 1/2"  S 5 1/2 - 6 1/2"  M 6 1/2 - 7 1/2"  L 7 1/2 - 8 1/2"  XL Over 8 1/2"

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ NPI: \_\_\_\_\_