

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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Orthotics

Wrist-hand-finger	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right	<input checked="" type="checkbox"/> Face Mask
Elbow-wrist-hand-finger	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right	<input type="checkbox"/> Neck Brace
Elbow-wrist-hand-finger (bi-valved)	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	
Axilla Splint	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	
Ankle-foot	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	
Ankle-foot (bi-valved)	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right	

Reason for Application (check one) (to be completed by Authorizer)

☐ First access to ADP for Hypertrophic Scar Management Devices

☒ Additional Devices/Options to other ADP Funded Hypertrophic Scar Management Devices

☐ Replacement of Previously ADP Funded Hypertrophic Scar Management Devices

Replacement Required Due To: (check as applicable) (to be completed by Authorizer)

☐ Change in medical condition

☐ Physical Growth/Atrophy or tissue healing

☐ Normal wear and applicant confirms that it is no longer under warranty

Confirmation of Applicant's Eligibility for Hypertrophic Scar Management Devices (to be completed by Authorizer)

Applicant requires a compression garment and/or a compression orthosis for hypertrophic scar management for a minimum of six (6) months of regular daily use. ☐ Yes ☐ No ☒ N/A

Section 2b – Lymphedema Management Devices (to be completed by Authorizer)

Device(s) Required:

Mask

☒ Face Mask ☒ Chin Strap / Neck Support ☐ Accessories

Trunk

☒ Vest - sleeveless ☐ Vest - short sleeves ☐ Body Brief - sleeveless ☐ Body Brief - sleeves

☒ Options - Garments

Lower Extremity

Foot Gloves	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	<input checked="" type="checkbox"/> Stockings - waist high (two legs)
Foot Cap	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	<input checked="" type="checkbox"/> Stockings - chest high
Stockings – foot to knee	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	<input checked="" type="checkbox"/> Stockings - chaps style (two legs)
Stockings – foot to thigh	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	
Stockings – foot to thigh with waist attachment	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right	
Stockings - waist high (one leg)	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	
Stockings – chaps style (one leg)	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	