

Physician Order Form - Prosthetic Devices

| Ordering Physician | Physician's Address | Supplier Information |
|---|-------------------------|---|
| _____ _____ _____ Phone _____ Fax _____ | _____ _____ _____ | Prosthetic Solutions Inc. 456 Limb Way, Suite 100 Health City, NY 10001 Fax: 888-654-3210 Call: 800-789-1234 |

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Amputation of Lower Limb (S88.0)
- ☐ ☒ Amputation of Upper Limb (S48.0)
- ☐ ☐ Other: _____

Prosthetic Device Type:

- ☐ ☒ Lower Limb Prosthesis (L-code: L5000)
- ☐ ☒ Upper Limb Prosthesis (L-code: L6000)
- ☐ ☐ Other: _____

Patient Specifications:

- ☐ ☒ Size: _____
- ☐ ☒ Fitment Type: _____
- ☐ ☐ Other: _____

Accessories Required:

- ☐ ☒ Sock (A5512)
- ☐ ☒ Liners (L-codes)
- ☐ ☐ Other Accessories: _____

Follow-up Appointment:

- ☐ ☒ Required

☐ ☐ Not Required

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-888-654-3210