

Megan Castro

NPI: Perferendis laboris omnis voluptatem eiusmod dolore non quia quo voluptas odit occaecat sit

Commodi non quis et ab voluptatem a

+1 (861) 453-7118

DETAILED WRITTEN ORDER

PATIENT INFORMATION

Patient: Iona Church
Address: Qui quos ad officia pariat Tempor magni in enim eum amet saepe laboris culpa aliqua Sapiente e
Neque quos Ut ea est 95665
Phone(s): +1 (913) 591-9806
Height: Cum eaque
Weight: Nisi id te
DOB: Veniam autem i
Gender: Male

INSURANCE INFORMATION

Insurance name: Medicare
Insurance ID: Inventore sed q

DIAGNOSIS

M51.37 - Lumbosacral region, Other intervertebral disc degeneration
M54.5 - Low back pain
M54.6 - Pain in thoracic spine
M54.60 - Pain in thoracic spine, multiple sites in spine

ORTHOSIS DEVICE(S) PRESCRIBED

My examination of this patient indicates he has a need for the following back orthosis: L0457 TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, PRE OTS, WAIST SIZE - SMALL

The patient has been instructed to use the Back device daily, as needed
Length of need: 99 months/lifetime

STATEMENT OF MEDICAL NECESSITY

The orthotic device or devices ordered as the result of this examination is being prescribed as adjunctive

therapy to assist in reducing the level of pain and symptoms associated with the patient's identified diagnosis, and also for overall improvement in the patient's quality of life.

TREATMENTS TRIED

Physical therapy

over the counter medication

PAIN LEVEL DESCRIBED BY PATIENT

2 (Mild)

The back orthosis is prescribed for the following indication(s)

Contribute to pain reduction by restricting mobility of the trunk

My treatment goal(s) for the use of prescribed back orthosis are

Improvement in patient's function

Improvement in patient's pain

Re: Iona Church DOB: Veniam autem i

I, Megan Castro verify and confirm this order for the above named patient, and certify that I have personally performed the assessment of the patient for the prescribed treatment and device and verify that it is reasonably and medically necessary, according to accepted standards of medical practice within the community, for this patient's medical condition. [Electronically signed by Megan Castro on 24-Jul-2011 Sunt aliquid volupta EST Tempora dolor i]

Signature: *Megan Castro* Date: *24-Jul-2011*

Megan Castro

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EXAM NOTES

RE: Iona Church

Orthotic Device: Need Assessment

Exam Date: 24-Jul-2011

Height: Cum eaque

Weight: Nisi id te

DOB: Veniam autem i

CHEIF COMPLAINT

Iona Church is inquiring about utilizing orthotic bracing for his current conditions. His chief complain at the time of this assessment is: Back pain

VITALS

Height: Cum eaque

Weight: Nisi id te

SUBJECTIVE

Iona Church describes his Lower Lumbar pain as being at level 2 (Mild). This patient has had constant back pain for 11 years. The back pain the patient is experiencing appears to be caused by: Old Age. Conditions that cause or aggravate back pain include: Walking. Treatments previously tried for back pain include: Physical therapy;over the counter medication.

SURGERY RELATED TO THIS COMPLAINT

Back: Yes

OBJECTIVE/ASSESMENT

This patient has had constant back pain for 11 years. Treatments previously tried for back pain include: Physical therapy;over the counter medication. Conditions that cause or aggravate back pain include: Walking. Patient is experiencing limitations and indicating pain as follows: Thoracic-lumbar-sacral pain during extension, increased Thoracic-lumbar-sacral pain during flexion. The back orthosis prescribed for this patient is for the following indication(s): help reduce pain by restricting trunk mobility.

DIAGNOSIS

M51.37 - Lumbosacral region, Other intervertebral disc degeneration

M54.5 - Low back pain

M54.6 - Pain in thoracic spine

M54.60 - Pain in thoracic spine, multiple sites in spine

PLAN AND TREATMENT GOALS

Based on my conversation with Iona Church and evaluation of his condition, , I am ordering the following:
L0457 TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, PRE OTS, WAIST SIZE - SMALL.

The patient has been instructed to use the back device daily, as needed

The indications of need:

Back: Contribute to pain reduction by restricting mobility

Treatment goals for:

Back: Improvement in patient's function. Improvement in patient's pain

Custom fitting of the orthosis is not required and the patient or an assisting caregiver can apply the prescribed orthotic device with minimal self-adjustment.

Iona Church has been provided a phone number to call if there are any additional comments or questions regarding this examination, and I have recommended that he continue medical follow-up as part of an ongoing plan of care.

Re: Iona Church DOB: Veniam autem i

I, Megan Castro verify and confirm this order for the above named patient, and certify that I have personally performed the assessment of the patient for the prescribed treatment and device and verify that it is reasonably and medically necessary, according to accepted standards of medical practice within the community, for this patient's medical condition. [Electronically signed by Megan Castro on 24-Jul-2011 Sunt aliquid volupta EST Tempora dolor i]

Signature: *Megan Castro* Date: *24-Jul-2011*

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LETTER OF MEDICAL NECESSITY

RE: Iona Church

Orthotic Device: Need Assessment

Exam Date: 24-Jul-2011

Height: Cum eaque

Weight: Nisi id te

DOB: Veniam autem i

Iona Church is inquiring about utilizing orthotic bracing for his current conditions. His chief complaint at the time of this assessment is: back pain

Iona Church describes his Thoracic-lumbar-sacral pain as being at level 2 (Mild). This patient has had Thoracic-lumbar-sacral back pain for 11 years. The Thoracic-lumbar-sacral back pain the patient is experiencing appears to be caused by: Old Age. Patient is experiencing limitations and indicating pain as follows: increased Thoracic-lumbar-sacral during extension, increased Thoracic-lumbar-sacral during flexion. Conditions that cause or aggravate back pain include: Walking. Treatments previously tried for back pain include: Physical therapy; over the counter medication

Based on my conversation with Iona Church and evaluation of his condition, , I am ordering the following: L0457 TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTENDS FROM THE SACROCOCCYGEAL JUNCTION AND TERMINATES JUST INFERIOR TO THE SCAPULAR SPINE, PRE OTS, WAIST SIZE - SMALL.

Diagnosis Include

M51.37 - Lumbosacral region, Other intervertebral disc degeneration

M54.5 - Low back pain

M54.6 - Pain in thoracic spine

M54.60 - Pain in thoracic spine, multiple sites in spine

The back orthosis prescribed for this patient is for the following indication(s): help reduce pain by restricting trunk mobility. My treatment goal(s) for the use of the prescribed back orthosis are: improvement in patient's function and improvement in patient's pain. The patient has been instructed to use the back device daily, as needed.

The Orthosis prescribed does not require custom fitting and can be applied by the patient or an assisting caregiver with minimal self-adjustment. Iona Church has been provided a phone number to call if there are any additional comments or questions regarding this examination, and I have recommended that he

continue medical follow-up as part of an ongoing plan of care.

Re: Iona Church DOB: Veniam autem i

I, Megan Castro verify and confirm this order for the above named patient, and certify that I have personally performed the assessment of the patient for the prescribed treatment and device and verify that it is reasonably and medically necessary, according to accepted standards of medical practice within the community, for this patient's medical condition. [Electronically signed by Megan Castro on 24-Jul-2011 Sunt aliquid volupta EST Tempora dolor i]

Signature: *Megan Castro* Date: *24-Jul-2011*

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E-SIGNATURE PROTOCOL

RE: Iona Church DOB: Veniam autem i

The e-signature applied to the documents require attestation by the clinician and entry of the clinician's unique login account password. If the attestation is acknowledged and the account login password entered, then the created PDF documents are password protected with a unique document password encrypted in a data store, and document statistics are entered in a separate audit log.