



# Calibrace+ PRESCRIPTION ORDER FORM

## DEMOGRAPHIC INFORMATION

Patient Name\* \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Patient Phone #\* \_\_\_\_\_ Address\* \_\_\_\_\_

## DIAGNOSIS CODES

### Primary Diagnosis Code (Please select at least 1):

- M40.00 Postural Kyphosis
- M81.0 Age-Related Osteoporosis w/o Current Pathological Fracture
- M48.06 Spinal Stenosis, Lumbar Region
- M48.07 Spinal Stenosis, Lumbosacral Region
- M41.45 Neuromuscular Scoliosis, Thoracolumbar Region
- M41.46 Neuromuscular Scoliosis, Lumbar Region
- M41.47 Neuromuscular Scoliosis, Lumbosacral Region
- Other \_\_\_\_\_

Secondary Diagnosis Code:  
 G-20 Parkinson's Disease

**\*PLEASE INCLUDE**

**DEMOGRAPHICS & COPY OF**

**INSURANCE CARD**

## PRESCRIPTION

Calibrace+ A TLSO designed specifically for Parkinson's patients Approved HCPCS Code: L0457

*Required Criteria for Spinal Bracing, Based on Social Security Act §1862(a)(1)(A) Provisions*

**The need for a spinal orthosis, as well as one of the following indications must be documented in the clinical notes:**

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

## PATIENT SIZING INFORMATION

<b>For Men (Natural Waist at the belly button)</b>				
S (27-30")	M (30-36")	L (36-39")	XL (39-43")	XXL (43-48")
<b>For Women (Hips Measurement)</b>				
S (27-30")	M (30-36")	L (36-39")	XL (39-43")	XXL (43-48")

## PHYSICIAN INFORMATION

Office \_\_\_\_\_ Phone\* \_\_\_\_\_

Fax\* \_\_\_\_\_ Website \_\_\_\_\_

Address\* \_\_\_\_\_

Physician Name\* \_\_\_\_\_ NPI#\* \_\_\_\_\_

Physician Signature\* \_\_\_\_\_ Date\* \_\_\_\_\_