

PRESCRIPTION AND CERTIFICATION MEDICAL NECESSITY

BAX-U POSTURE SUPPORT Brace

Patient Name _____ Phone _____

Address _____

Insurance ID Number _____ Date of Birth _____

Primary Diagnosis (ICD-9 or Description) _____

Needed Durable Medical Equipment: _____ DME CODE: L3650

Rx:

THIS IS WRITTEN CONFIRMATION OF VERBAL ORDERS GIVEN BY ME PRIOR TO USE OF THIS EQUIPMENT. I CERTIFY THAT THE FOLLOWING PRESCRIBED EQUIPMENT IS MEDICALLY NECESSARY FOR THIS PATIENT'S CONDITION. THE EQUIPMENT IS BOTH REASONABLE AND NECESSARY IN REFERNECE TO ACCEPTED STANDARDS OF MEDICAL PRACTICE IN TREATMENT OF THIS PATIENT'S CONDITION AND NOT PRESCRIBED AS "CONVENIENCE" EQUIPMENT.

Dispense one BAX-U Brace: L3650

BAX-U POSTURE SUPPORT BRACE IS A DYNAMIC AND THERAPEUTIC SYSTEM THAT UTILIZES SPINAL UNLOADING, REDUCING THE EFFECT OF GRAVITY ON POSTURE, THIS WILL HELP TO IMPORVE BLANCE AND FUNCTION. THE BAX-U POSTURE SUPPORT BRACE CONSISTS OF A FITTED SUPPORT WITH FLEXIBLE CHEST STRAP, A T-SHAPE THORACIC PANEL AND AN ADJUSTABLE CLAVICULARABDUCTION MECHANISIM. THE BAX-U POSTURE SUPPORT BRACE IS EFFECTIVE IN TREATMENT OF SUCH AS:

- Impingement Syndrome: ---- Left shoulder M25512 ---- Right shoulder M25512
- Postural Kyphosis, Site Unspecified (M40.00)
- Abnormal Posture (R29.3)
- Muscle Weakness (M62.81)

THIS BRACE IS DESIGNED TO PROVIDE THE FOLLOWING BENEFITS:

1. Provides reduction in pain and associated symptom relief
2. Assists in preventing further injury to Shoulder, Cervical & thoracic structures
3. Reduce need for pain medications
4. Provides Acromio-Clavicle support and postural balance.
5. Comfortable product material aids in patient compliance

Physician Name _____ NPI _____

Address _____

Phone: (____) _____ FAX: (____) _____

Physician Signature _____ Date _____