

ORTHOSES & ORTHOPEDIC BRACING APPLICATION FORM			
CLIENT INFORMATION			
Last Name	First Name	Health Card Number	
Address		Date of Birth	
		DD	MM
		YYYY	
Private Insurance Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of 3rd Party Coverage	

SERVICE PROVIDER			
Service Provider	Service Provider ID #	Email Address	
Address		Fax Number	Certified Orthopedic Professional
Certification / Designation		Certification # (if applicable)	
Certified orthopedic professional's signature		Client Diagnosis	
Referring physician or nurse practitioner		Rx Date	

CLASS II ORTHOSES						
<input type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Group C <input type="checkbox"/> Group D (Refer to Policy)						
Make		Model		Size		<input type="checkbox"/> Left <input type="checkbox"/> Right
Applicable Criteria #'s Met (Refer to Policy)					Warranty Information	
Detailed Description of Orthoses						
Justification for criteria not met and/or Additional Information						

CLIENT NAME: _____

HEALTH CARD #: _____

CLASS III ORTHOSES - CUSTOM MADE	
Applicable Criteria #'s Met (Refer to Policy)	<input type="checkbox"/> Left <input type="checkbox"/> Right
Detailed Description of Orthoses	Warranty Information
Justification for criteria not met and/or Additional Information	

ORTHOSES REPAIRS, ADJUSTMENTS, MODIFICATIONS					
<input type="checkbox"/> Repair		<input type="checkbox"/> Adjustment		<input type="checkbox"/> Modification	
<input type="checkbox"/> Left		<input type="checkbox"/> Right		<input type="checkbox"/> Bilateral	
Age of Item		Make <small>(if applicable)</small>		Model <small>(if applicable)</small>	
Applicable Criteria #'s Met (Refer to Policy)					Warranty Information
Description of Modification, Adjustment or Repair					
Justification for criteria not met and/or Additional Information					

ATTACHMENTS		
<input type="checkbox"/> Physician's prescription	<input type="checkbox"/> Quote on Health Services invoice	<input type="checkbox"/> Statement of Benefits <small>(private insurance only)</small>