

RX: Elbow Brace (ROM Elbow Brace – L3760)

Patient's Name: _____ HIC#: _____
Address: _____ DOB: _____

Insurance Name: _____
Insurance Phone: _____
Phone: _____
Patient's size RT: _____ inches LT: _____ inches

Physician Name: _____ NPI: _____
Address: _____

Physician Phone: _____ Fax: _____

The Range of Motion Hinged Elbow provide stability and ma be adjusted to limit extension at 0, 15, 30 or 45 degrees settings. The Criss-crossing "X" straps provide additional protection from hypertension.

One or more of the following conditions must be met, **please check all that apply:**

- 714.0 Rheumatoid Arthritis
- 715.00 Osteoarthritis, Generalized, Involving Unspecified Site
- 715.09 Osteoarthritis, Degenerative joint disease
- 715.90 Osteoarthritis Unspecified
- 719.02 Effusion of upper arm joint
- 719.42 Pain in joint involving upper arm
- 718.42 Dislocation upper arm
- 718.32 Recurrent dislocation upper arm

Need: RT _____ LT _____ Both _____

Estimated length of need (# of months) _____ (99 = lifetime)

Physician's Signature: _____ Date signed: ____/____/____