

**RX: Back Support (Lumbar Orthosis - sagittal control – L0627)**

Patient's Name: \_\_\_\_\_ HIC#: \_\_\_\_\_  
 Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
 \_\_\_\_\_ Insurance Name: \_\_\_\_\_  
 \_\_\_\_\_ Insurance Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Patient's Waist Size: \_\_\_\_\_ inches

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Physician Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

- 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 tissues; or
- To otherwise support weak spinal muscles and/or a deformed spine.

In order the patient to qualify under Medicare guidelines for the LO Back Brace, an Rx is required from the Doctor indicating that there is a Medical Necessity for the patient to receive the LO Back Brace. **Some of the diagnoses include, please check all that apply:**

|        |   |
|--------|---|
| 724.2  | Lumbago   |
| 724.02 | Spinal Stenosis                                     |
| 728.88 | Muscle Weakness                                     |
| 756.13 | Spondylolisthesis                                   |
| 722.11 | Lumbar Disc Displacement                            |
| 721.42 | Lumbosacral Spondylosis                             |
| 847.3  | Lumbar Strains/Sprain                               |
| 724.1  | Pain in Thoracic Spine                              |
| 722.52 | Lumbar/Lumbosacral Intervertebral Disc Degeneration |

Estimated length of need (# of months) \_\_\_\_\_ (99 = lifetime)

Physician's Signature: \_\_\_\_\_ Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_