



MEDICAL SUPPLY

Voice: 1-800-657-4090

Fax: 1-866-626-7881

**RX: Arthritis Gloves**

▣ L3908 Wrist Hand    ▣ L3912 Arthritis Gloves    ▣ L3807 Wrist Hand Finger (thumb spica)

Patient's Name: \_\_\_\_\_

HIC#: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Insurance Name: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Patient's size RT: \_\_\_\_\_ inches

LT: \_\_\_\_\_ inches

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Physician Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Physician Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

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
- 715.04    Osteoarthritis Degenerative
- 715.09    Osteoarthritis, Degenerative joint disease
- 716.94    Arthritis
- 354.0     Carpal Tunnel Syndrome
- 719.44    Pain in Joint/Hand
- 719.43    Pain in Joint/Wrist
- 728.2     Disuse Atrophy
- 719.57    Joint Stiffness
- 719.07    Joint Swelling

Need: RT \_\_\_\_\_    LT \_\_\_\_\_    Both \_\_\_\_\_

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

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