

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 3 <sup>rd</sup> 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 #: \_\_\_\_\_

<b>CLASS III ORTHOSES - CUSTOM MADE</b>	
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	

<b>ORTHOSES REPAIRS, ADJUSTMENTS, MODIFICATIONS</b>					
<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					

<b>ATTACHMENTS</b>		
<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>