



MISSION MEDICAL SUPPLY KNEE BRACE ORDER FORM

4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594 - EMAIL: MISSIONDME@GMAIL.COM

Today's Date:

Referring Physician Name: NPI NO.:

Referring Phone: Referring Fax:

Physician Address: City: State: Zip:

MEMBER INFORMATION

FIRST NAME: LAST NAME: INITIAL:

PHYSICAL ADDRESS: CITY: STATE: Zip:

HOME PHONE: CELL PHONE: ALT. PHONE:

DATE OF BIRTH: HEIGHT:(FT) WEIGHT:(LBS) MEDICARE MEDICAL

INSURANCE GROUP NAME POLICY NO.

ICD-10 CODE DIAGNOSIS

PLEASE CHECK ALL THAT APPLY

- M06.9 - Rheumatoid Arthritis M17.10 - Osteoarthritis
- M54.08 - Facet Syndrome- lumbar M23.50 - Knee Ligamentous Disruption M23.205 - Meniscal Cartilage Derangement
- M87.08 - Aseptic Necrosis of Tibia or Fibula M22.40 - Chondromatocia of Patella M66.259 - Rupture of quadriceps tendon
- M843469A - Pathologic Fracture of Tibia / Fibula M84.369A - Stress fracture of Tibia / Fibula
- S72.409A - Fracture of Femur - Lower End S82-109A - Fracture of Tibia or Fibula - Upper
- S83-429A - Sprain & Strain of Knee S83.195S - Dislocation of Knee Other: _____

HCPCS ITEM PRESCRIBED

PLEASE CHECK ONE BOX

- L1832 - Hinged Knee Brace - Rigid support orthosis with adjustable joints LEFT RIGHT BOTH
- L1820 - Sleeve Knee Brace - Elastic and condylar pads and joints LEFT RIGHT BOTH

Describe why this patient requires the product prescribed above:

- To reduce pain by restricting mobility of the knee joint.
- To facilitate health following an injury to knee or related soft tissues.
- To facilitate health and reduce pain following a procedure on the knee or related soft tissue.
- To toherwise support weak upper or lower leg muscles/ joints and or a deformed knee joint.
- Other: _____
- LENGTH OF NEED _____ 99 MONTHS = LIFE TIME NEEDED

PHYSICIAN SIGNATURE _____

DATE _____

Please fax the DME ORDER form to: SAN DIEGO FAX: 619-229-9594 or EMAIL TO: MISSIONDME@GMAIL.COM