Bio DYNAMIC TECHNOLOGIES

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Phone: 1-800-879-2276 • Fax: 1-800-866-8011 • www.biodynamictech.com

STEP 1: Fill Out ℞

Patient:

Name ______________________________

Address ______________________________

____

Tel (______) ______________________________

Referring Physician:

Name ______________________________

Address ______________________________

____

Tel (______) ______________________________

Diagnosis ______________________________ ICD 10 CODE ______________________________

Surgical Procedure ______________________________ D.O.S. ______________________________

STEP 2: Select KNEE & HIP SOLUTIONS

☐ Post-Op Knee Brace

Range of motion:

____

☐ Locked in extension

☐ Left ☐ Right

☐ Patellar Stabilizing Knee Brace

Range of motion:

____

☐ Left ☐ Right

☐ Knee Sleeve

☐ Left ☐ Right

☐ Hinged Double Upright Knee Brace

☐ Left ☐ Right

☐ Functional ACL Brace

☐ Prefabricated

☐ Custom

☐ Left ☐ Right

☐ Unloader Knee Brace

☐ Medial Unloading

☐ Lateral Unloading

☐ Left ☐ Right

☐ Guardian® Knee Brace

☐ Medial Unloading

☐ Lateral Unloading

☐ Left ☐ Right

☐ Guardian® Sport EXT

☐ Left ☐ Right

☐ Hip Osteoarthritis Unloader

☐ Left ☐ Right

☐ Hip Abduction Brace

Degree of flexion: ______________

Degree of abduction: ______________

☐ Game Ready® Cold Therapy with Knee Wrap

☐ Game Ready® Cold Therapy with Hip Wrap

☐ Tibia/Femur Bone Growth Stimulator

OTHER:

____

____

____

STEP 3: Sign/Date

______________________________, M.D.

D.A.W. – Physician Signature

Date ______________

STEP 4: Fax

Fax completed form, patient's demographics and all insurance information to:

1-800-866-8011

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