



DEFENDER

Rx form



PRISM

HOME MEDICAL SUPPLY SPECIALISTS

A HENRY SCHEIN COMPANY



PLEASE INCLUDE THE FOLLOWING INFORMATION WITH YOUR ORDER

- Rx form
Patient face-sheet w/patient demographics & insurance info
Patient medical records that include primary diagnosis for Defender walker boot and supporting chart notes.

Orders can be placed by:

fax: (800) 975-6321
email: orders@prism-medical.com
phone: (888) 244-6421

FROM: CLINIC / PHYSICIAN NAME/ADDRESS OR STAMP BELOW DATE:

Empty box for clinic/physician name, address or stamp.

Patient Name: DOB:

Cell Phone: Home Phone:

Diagnosis: Right: Left:

Notes Secondary (not required):



PRODUCTS SUPPLIED (CHECK WHICH APPLIES)

FOOT DEFENDER - PROTECTIVE BOOT (HCPCS - L4361)
(universal right and left)

Table with 2 columns: Selection, Shoe size (USA). Rows include Small, Medium, Large, X-Large with corresponding shoe size ranges.

COMMON DIAGNOSIS CODES (for reference):

- Osteoarthritis/DJD - M19.071(R) or M19.072 (L)
Equinus - M21.6X1(R) or M21.6X2 (L)
Contracture Foot - M24.574 (R) or M24.575 (L)
Unstable ankle - M25.371 (R) or M25.372 (L)
Instability foot - M25.374 (R) or M25.375 (L)
Foot drop - M21.371 (R) or M21.372 (L)
Abnormalities of gait and mobility - R26

By my signature, I am prescribing the item(s) indicated for the patient named above. In my professional judgement, the item(s) is medically indicated, necessary and consistent with the current accepted standards of medical practice and treatment of this patient's physical condition. A qualified individual has performed the proper fitting, adjustment and education of the item(s) with the patient as required by law.

Physician Signature NPI# Date