



DEFENDER

Rx form



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 Foot Defender Pneumatic Boot and supporting chart notes.



Orders can be placed by:
Fax: 1-866-399-9338
Phone: 1-800-745-2215
Email: referrals@argencis.com

FROM: CLINIC / PHYSICIAN NAME/ADDRESS OR STAMP BELOW

Patient Name: _____ DOB: _____

Cell Phone: _____ Home Phone: _____

Diagnosis: _____ Right: _____ Left: _____

Notes: _____ Secondary (not required): _____



PRODUCT(S) REQUESTED (CHECK WHICH APPLIES)

FOOT DEFENDER PNEUMATIC BOOT (HCPCS - L4361)

(universal right and left)

- | Selection | Shoe size (USA) |
|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Small | (Men's 5-7, Women's 7-9) |
| <input type="checkbox"/> Medium | (Men's 7.5-9.5, Women's 9.5-11.5) |
| <input type="checkbox"/> Large | (Men's 10-12.5, Women's 12-14) |
| <input type="checkbox"/> X-Large | (Men's 13-15, Women's N/A) |

COMMON DIAGNOSIS CODES (for reference):

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

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 _____