ASCENDER

DME PRESCRIPTION FORM

Please fax completed form to (434) 270-7278

Patient Name: _____ DOB: _____
Address: _____ Insurance Carrier: _____
City: _____ State: _____ Zip: _____ Member ID: _____
Phone Number: _____

1. Choose Primary Indication

LEFT	RIGHT
☐ M17.12 Left knee **osteoarthritis**	☐ M17.11 Right knee **osteoarthritis**
☐ M22.2X2 **Patellofemoral disorder**, left knee	☐ M22.2X1 **Patellofemoral disorder**, right knee
☐ M22.42 **Chondromalacia patella**, left	☐ M22.41 **Chondromalacia patella**, right
☐ M87.062 **Idiopathic aseptic necrosis** of left tibia	☐ M87.061 **Idiopathic aseptic necrosis** of right tibia
☐ M87.065 Idiopathic aseptic necrosis of left fibula	☐ M87.064 Idiopathic aseptic necrosis of right fibula
☐ M17.0 **Bilateral** primary osteoarthritis of knee	☐ Q68.2 Congenital deformity of OTHER knee

2. Choose Secondary Indication

☐ M23.52 **Left** knee instability ☐ M23.51 **Right** knee instability

3. I am ordering a...

☐ **Custom Knee Brace L1846**

I certify that I am ordering a CUSTOM Ascender knee orthosis, L1846 because an OTS brace has not been effective in treating their symptoms.

Upon my exam the patient has one of the following: (check one)

☐ A deformity of the leg or knee
☐ The leg is too small to fit an off the shelf orthosis
☐ The leg is too large to fit an off the shelf orthosis
☐ Minimal muscle mass upon which to suspend orthosis

☐ **OTS (Off-the-Shelf) Knee Brace L1845 or L1852**

I certify that I am ordering an OTS Ascender knee orthosis.

Measurements:

Thigh _____ in
Knee _____ in
Calf _____ in

Additional Documentation:

_____

_____

Prognosis: _____
Duration: _____
Expected Therapeutic Effect: _____

Ordering Physician (PRINT): _____
Ordering Physician (Signature/No Stamp): _____ **Date:** _____
NPI Number: _____

NOTE: Primary + Secondaray indication and custom brace justification must be noted in chart/notes.
Knee instability may be justified by objective description of joint laxity shown by varus/valgus instability test, anterior/posterior DRAWER test, or Lachman test.

ICARUS

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