



Phone: 480 941-4141 Fax: 480 429-9229

4419 N Scottsdale Rd #208, Scottsdale, AZ 85251

Prescription & Certificate of Medical Necessity

Patient's Name: _____ Patient's DOB: _____

Diagnosis Codes (ICD-9) Primary: _____ Secondary: _____

BACK BRACE : LSO L0648 LSO L0650

Patient has had this condition for ____ Months ____ Years

Duration: Length of Need: Months _____ (99 = lifetime)

Please indicate the following conditions that apply to the patient. Check all that apply.

- To reduce pain by restricting mobility of the trunk.
- To facilitate healing following an injury to the spine or related soft tissue.
- To facilitate healing following a surgical procedure on the spine or related soft tissue.
- To otherwise support weak spinal muscles and/or a deformed spine.

Physician Information

I certify that the equipment and supplies I prescribed are Medically Necessary for this patient's well being. In my professional opinion, the equipment is both reasonable and necessary in reference to the accepted standards of medical practice and treatment for this patient's condition. It is NOT prescribed as convenience equipment.

Physician's Signature: _____ Date ____/____/____

(Stamped Signatures are not acceptable)

Printed Physicians Name: _____ NPI # _____

Chart Notes & Rx must be submitted together, Include chart notes supporting Medical Necessity (clinical documentation must support the continued need, use and benefit the device provides)

Patient Chart Notes Must Support the Following (LSO & TLSO): • LSO or TLSO ordered must be documented in the medical record and all indications that are applicable above must ALSO be documented in the medical records. Include all chart notes supporting Medical Necessity. Clinical documentation must support the need, use and benefit that the LSO or TLSO provides.

Along with this RX, please fax the patient's medical records, insurance card and demographics to (480) 429-9229. Pressure Free, LLC will provide the insurance pre-certification, patient fitting and follow-up.