



Patient Name: _____ DOB ____/____/____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

- Left Knee (LT Modifier) Size _____ Length of Need _____ Substitutions No Yes
 Right Knee (RT Modifier) Size _____ Order Date _____ Start Date _____

DIAGNOSIS

- M17.0: Bilateral Primary Osteoarthritis Knee
 M 17.11: Unilateral Primary Osteoarthritis RT
 M 17.12: Unilateral Primary Osteoarthritis LT
 M 23.51: Chronic Instability RT
 M 23.52: Chronis Instability LT
 Q 68.2: Congenital Deformity of Knee
 M 23.203: Derangement of Medical Meniscus RT
 M23.204: Derangement of Medical Mensicus LT
 Other _____

SUBJECTIVE

Patient has significant knee pain which interferes with daily activities. The patient reports trouble with:

- Lifting Walking
 Stairs Daily Activities
 Other _____

Drawer Test performed Date _____

Results _____

OBJECTIVE

Knee Range of Motion

Flexion _____

Extension _____

Left Lateral Flex _____

Right Lateral Flex _____

Tenderness

- Medial Positive Anterior/ Posterior Draw test
 Patella Varus Instability
 Lateral Valgus Instability
 Anterior Posterior

Physician Signature _____

Physician Name Printed _____

Date: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____

ASSESSMENT

The patient is responding to treatment:

- As Expected
 Slower than Expected
 Faster than Expected

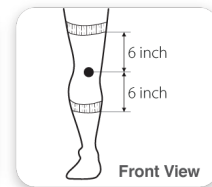
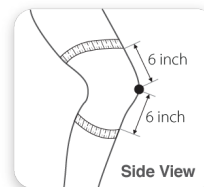
PLAN

Patient is being fitted today for a _____

- To facilitate healing following post surgery
 To otherwise support weak knee muscles and or deformed knee
 To improve an unstable knee & joint laxity

Total Time Spent fitting Brace _____

Total Time Spent with Patient _____



As shown in the figure above, measure the circumference of both the thigh and the calf 6" away from the center of the knee.

Size	Thigh (6" above the center of the knee)	Center of Knee	Calf (6" below the center of the knee)
S	15.5"~18.5"	12"~14"	12"~14"
M	18.5"~21"	14"~15"	14"~16"
L	21"~23.5"	15"~17"	16"~18"
XL	23.5"~26.5"	17"~19"	18"~20"

Easy Wrap Accessory (One Size Fits All) Right Leg (RT Modifier)
 HCPCS L2397 (KX Modifier) Left Leg (LT Modifier)

<input type="checkbox"/>	M17.0	Bilateral Primary Osteoarthritis of Knee
<input type="checkbox"/>	M17.10	Unilateral Primary Osteoarthritis, unspecified knee
<input type="checkbox"/>	M17.9	Osteoarthritis of knee, unspecified