



Physician Detail Written Order (RX) and Letter of Medical Necessity (LMN)

PATIENT NAME:		ICD-10 DX:	
DOB:		Additional DX:	
PHYSICIAN:	Florence Shum, DO	HCPC Code:	
PHYSICIAN PH #:	(718) 667-7500	NPI:	1336378850

Insurance: Commercial Medicare Workers Compensation No Fault Liability

LSO/TLSO INDICATIONS FOR PRESCRIBED PT: Select one or all that apply:

- To reduce pain by restricting mobility to the trunk.
- To facilitate healing following an injury to the **spine OR related soft tissue** (circle one)
- To otherwise support **weak spinal muscles OR deformed spine** (circle one)

HCPCS: LSO L0650 TLSO L0457

CERVICAL COLLAR INDICATIONS FOR PRESCRIBED PT:

The Cervical Collar is being prescribed for the following: (Check options which applies to patient).

- Used therapeutically to help realign the spinal cord and relieve pain Soft Tissue Injuries Post-Surgical
- For strains, sprains or whiplash Cervical Disc Syndrome Cervicogenic
- To help healing process Radiculopathy Fracture Management Neuropathy

HCPCS: L0180 – Aspen Multiple Post Collar L0172 - Aspen Shower Collar

KNEE BRACE INDICATIONS FOR PRESCRIBED PT:

PRE-FABRICATED KNEE ORTHOSES: Pt requires knee brace (select one of the following)

- Weakness of the knee and requires stabilization Deformity of the knee that requires stabilization
- A knee orthosis with condylar pads **with OR without** patellar control
- Has had a recent knee injury to the knee or a surgical procedure on the knee(s)

HCPCS:
L1820 Knee Orthosis, Elastic w/Pads & Joints L1830 Knee Immobilizer L1833 Hinged Knee Brace
L1851 Knee orthosis, single upright L1852 Knee orthosis, double upright

DEEP VEIN THROMBOSIS (DVT) E0676 Unit INDICATIONS FOR PRESCRIBED PT:

Check which applies:

- Patient is being prescribed the E0676 DVT home program to provide compression for patients that need home prophylaxis.
- To stimulate circulation and reduce the chances of deep venous thromboses for members who are unable to walk or bedridden due to trauma, orthopedic surgery, neurosurgery or other circumstances preventing ambulation.
- For the treatment of chronic venous insufficiency of the legs of members who have venous stasis ulcers that have failed to heal after a 6-month trial of conservative therapy directed by the treating physician.

Surgery Date _____

Length of Need: (check **one**) 99 months/lifetime Rental Other Duration _____

X _____ Date _____
Physician Signature (NO STAMP) Florence Shum, DO

This information will become part of the dictation and permanent clinical record of the above patient.