



Email: imsexpertsintake@att.net Fax (817)473-1839

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

PATIENT NAME:				
PATIENT NAIVIE:			ICD-10 DX:	
DOB:			Additional DX:	
PHYSICIAN:	John Shiau, MD		<b>HCPC Code:</b>	
PHYSICIAN PH #:	718-448-3210		NPI:	1346221058
Insurance:	Commercial	Medicare	Workers Compe	nsation No Fault Liability
BONE GROWTH STIMULATOR INDICATIONS FOR PRESCRIBED PT:  © E0748 Cervical, © E0748 Lumbar				
Cervical/Lumbar B	one Growth Stim	ulator (Must select	t one of the following	t):
Failed spinal fusion (ICD-10 code Z98.1) where a minimum of nine months has elapsed since the last surgery. Following a multilevel spinal fusion surgery (ICD-10 code Z98.1). Following spinal fusion surgery (ICD-10 code Z98.1) where there is a history of a previously failed spinal fusion at the same site.				
CERVICAL COLLAR I			(Check options which	annlies to natient)
·		the spinal cord and	•	ft Tissue Injuries Post-Surgical
For strains, sprain		Cervical Disc Syndi	-	•
To help healing pr	•	•	•	Neuropathy
			· ·	•
HCPCS: L0180	- Aspen Multiple F	Post Collar		L0172 - Aspen Shower Collar
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				
To reduce pain by To facilitate heali To otherwise sup	y restricting mobil ng following an in port weak spinal r	ity to the trunk. jury to the spine O muscles OR deform	R related soft tissue (	circle one)
To reduce pain by To facilitate heali To otherwise sup HCPCS: LSO LC  DEEP VEIN THROM	y restricting mobiling following an inport weak spinal report weak spi	ity to the trunk. jury to the spine O nuscles OR deform	R related soft tissue (	
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This information will become part of the dictation and permanent clinical record of the above patient.