


Custom Fit TLSO

 **Howard**
Orthotics and Prosthetics

Roger R. Howard, CPO
Director

Name: _____ DOB: _____
Address: _____
Referring Physician: _____
Rx: _____

**SAMPLE
Rx**

**CUSTOM FIT
ASPEN 456
TLSO**

ICD-10 Dx: _____

Signature: _____
Date: _____ NPI: _____

DESIGNS FOR YOUR LIFESTYLE

<small>316 Sherman Street Watertown, New York 13601 315-786-6973 fax: 315-786-7993</small>	<small>6128 US Route 11 Canton, New York 13617 315-714-2325 fax: 315-786-7993</small>
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www.howardrehabcenter.com



At a minimum, the following needs to be in **Doctor's Progress Note** to ***establish medical necessity*** in order for a patient's health insurance to cover the cost of a custom fit Aspen 456 TLSO:

1. One of the following indications must be true:
 - a. The orthosis will reduce pain by restricting mobility of the trunk
 - b. The orthosis will facilitate healing following an injury to the spine
 - c. The orthosis will facilitate healing following a surgical procedure
 - d. The orthosis will support weak spinal muscles and/or a deformed spine
2. The spinal orthosis will control gross movement of the trunk and intersegmental motion of the vertebrae in one or more planes of motion.
3. A custom fit orthosis is necessary in order to provide an intimate fit and immobilize the spine at specific levels.