

Brace Form

Patient: _____

To Whom It May Concern:

To determine the eligibility of your claim for a _____ **Knee** brace.
We request the following information from the physician attending this medical condition.

1. The detailed clinical condition of the patient:

- ☐ Laxity of Ligaments
 - Ligament(s) injured:
 - ☐ ACL
 - ☐ PCL
 - ☐ MCL
 - ☐ LCL
- ☐ Meniscus Damage

2. Prognosis

- Unknown

3. Please describe the range of motion, limitations or articulation:

- Full range of motion, brace will be used to control hyperextension and rotation

4. Circumstance necessitating the use of the brace:

- Recurring stress and injury to the knee

5. Date of injury

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6. Length of time patient is expected to require the brace

- Unknown, min. of six months

7. How long and how frequently the brace is worn:

- Brace will be worn daily to control rotation and hyperextension in unstable environments

8. What materials are used in fabrication of the brace

- Carbon fiber graphite and titanium (metal)

9. What type of activities is the brace required for:

- Any twisting and or pivoting type of activity (i.e. sports/work)

Name of Prescribing Physician: _____

Signature of Physician: _____

Date: _____

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