

To refer a patient for ActivArmor, please complete this prescription and fax to 765-608-3659. ActivArmor is offered at Central Indiana Orthopedics' Anderson office, 2610 Enterprise Drive. If you have any questions, please call 765-608-3625, or email ActivArmor@ciocenter.com.



317 N. Main, Ste 2NE
Pueblo, CO 81003
800-583-6690
www.ActivArmor.com

Patient Name: _____ Date: _____



Diagnosis: _____

ICD10: _____

Surgery: _____

Precautions: _____

Order: Occupational/Physical Therapy

Evaluate & Treat (Freq./Dur. _____)

Orthotic Fabrication and Fitting (Check all that apply):

Wrist Cock-up _____

Forearm-Based Thumb Spica/MP Block/Ulnar/Radial Gutter

Digits: I II III IV V Joints: MP PIP DIP

Hand-Based Thumb Spica/MP Block/Ulnar/Radial Gutter

Digits: I II III IV V Joints: MP PIP DIP

Long Arm orthosis _____

Elbow orthosis _____

Ankle foot orthosis _____

Full Leg orthosis _____

Closing Device: Removable Locked-on Convertible

Sports Coating: Yes (recommended for athletes/durability/strength)

Positioning/Custom Design Instructions: _____

Signature: _____ Date: _____

Physician Name: _____ NPI: _____

Provide copies to: Therapist, Insurance Coordinator, Medical Records

L3906: Wrist Cock-Up



L3913: Hand-Based Device



L1960: Ankle Foot Orthosis



L3763: Long Arm Orthosis



L3808: Forearm Device with Fingers or Thumb Blocked

