

ActivArmor is offered at Central Indiana Orthopedics Fishers, Anderson and Muncie offices. To refer a patient for ActivArmor, please complete this prescription and fax to 765-608-3659. To speak with a referral specialist, please call 765-608-3625. Questions can be emailed to [ActivArmor@ciocenter.com](mailto:ActivArmor@ciocenter.com).



317 N. Main, Ste 2NE  
Pueblo, CO 81003  
800-583-6690  
[www.ActivArmor.com](http://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*