

ActivArmor is available at Central Indiana Orthopedics Fishers office. To refer a patient for ActivArmor, please complete this prescription and fax to 765-608-3659. Questions can be emailed to 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