



# ACTIVARMOR

SUPPORT · ACTIVE · LIFESTYLE

301 N. Main Street, Suite 208  
Pueblo, CO 81003  
(800) 583-6690

www.ActivArmor.com

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

ICD10: \_\_\_\_\_

**Surgery:** \_\_\_\_\_

**Precautions:** \_\_\_\_\_

**Order: Occupation/Physical Therapy**

Evaluation & Treatment (Freq/Dur. \_\_\_\_\_ )

Orthotic Fabrication and Fitting (*Check all that apply*):

Wrist Cock-up

Forearm-Based Thumb Spica (IP: Free Included)

Forearm-Based MP Blocking/Resting hand orthosis

Digits: I II III IV V

Hand-Based Thumb Spica (IP: Free Included)

Hand-Based MP Blocking/Resting hand orthosis

Digits: I II III IV V

**Closing Device:**  Removable (clips)  Semi-non-removable (cable ties)

**Durability (thickness):**  High  Low

Additional Custom Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Please provide copies to: Therapist, Insurance Coordinator, Med Records

*Check if more referral pads are needed*