

**ACTIVARMOR**

SUPPORT • ACTIVE • LIFESTYLE

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