



ACTIVARMOR
SUPPORT • ACTIVE • LIFESTYLE

442 Keeler Parkway
Pueblo, CO 81001
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