



2416 Whitney Avenue
Hamden, CT 06518
(203)407-3590

84 North Main Street
Branford, CT 06405
(203)483-2516

330 Boston Post Road
Orange, CT 06477
(203) 799-8370

Custom Bracing Request Form

Patient Name: _____

Date: _____

Account #: _____

DOB: _____

Diagnosis ICD-9: _____

Please Indicate: **Left** **Right**

Insurance: **Health Insurance** **Workers Comp** **Self Pay**

Townsend Custom Knee Brace

- ACL**
- Medial Unloader**
- Lateral Unloader**

SAWA / Sully

- Semi-Custom**
- Off the Shelf**

Don Joy Custom

- ACL**
- Medial Unloader**
- Lateral Unloader**

Physician Signature: _____

Date: _____

I permit a copy of this authorization to be valid as original. I agree to use all products only to the manner for which they were intended and not to attempt to make any modifications or changes of any kind of description in the product. These products are prescription only. These products are to be utilized only as directed by my Healthcare Provider. Consent for treatment, proof of delivery, authorization to release information and permit payment of insurance benefits to Healthcare Provider, Orthomart, LLC or its Business Partners. I authorize Orthomart, LLC to submit a claim for such product to my insurance carrier on my behalf. I assign the benefits payable by my insurer to process the claim. **I understand that I am responsible for, and I agree to pay any portion of the amount due for such product not paid by my insurance carrier, whether resulting from deductibles, co-pays, or otherwise.** I acknowledge that I have received and understand my Patient Rights and Responsibilities.

Patient Signature	Date	Relationship to patient if other than self
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Your signature on this form indicates that you have received the prescribed product undamaged. Product returns for credit only: COS accepts returns for credit only within 15 days of date of service. Please call 203-444-0601 and our DME coordinator will help you. Product exchanges are handled at the clinic.

Date Appt. Scheduled: _____ **Provider:** _____

Date Brace Fitted: _____ **Date Brace Delivered:** _____