PATIENT INSTRUCTIONS/ PROOF OF DELIVERY

Days & Hours of Operations: Monday-Friday 8:30-5:00
Contact your physician if an emergency occurs as a result of the orthosis after business hours.

Physician: ____________________________
Patient Name: _______________________________________________________            Date: ___________

ORTHOSIS:
Below are the orthosis and/or supplies issued to the patient on this date of service:

( ) Right  ( ) Left  ( ) Bilateral  ( ) Static  ( ) Dynamic/Static Progressive

Quantity, HCPCS Level II code & description, and/or manufacturer name and supply number:

__________________________________________________________________________

SPECIAL INSTRUCTIONS:
Check All That Apply

- Apply the orthosis with the straps firm, but not too tight
- Remove the orthosis by removing the straps and the slings (if present)
- Apply the slings to the digits as instructed.

( ) Wear the orthosis ________ times a day for __________ minute sessions.
( ) Wear the orthosis at all times
( ) Wear the orthosis at night only
( ) Wear the orthosis as needed to minimize your symptoms
( ) Remove for exercises/ dressing changes/ hygiene

➢ Note: Your orthosis could melt in a hot car or near another source of heat such as a stove or heater. Keep away from dogs. Dogs like to use the orthoses as chew bones.

CLEANING & MAINTENANCE:
- The orthosis can be cleaned with soap and water, rubbing alcohol, or a mild cleanser with chlorine to remove soil.
- If your straps begin to look worn, replacements can be purchased from your therapist or from a fabric store.
- Powder or corn starch can be dusted in the orthosis to decrease sweating.

REPAIRS & REPLACEMENT:
• Orthoses that do not fit properly or cause discomfort will be adjusted at no charge so long as the orthosis was fabricated within the past six months.
• Orthoses that require re-fitting due to changes in the medical condition (e.g. reduced swelling, change in the size of dressing, etc.) will result in an orthosis adjustment charge.
• Orthoses that are revised to serve a new purpose (e.g. change a static orthosis to a dynamic orthosis) will result in a charge for the therapist’s time and the new parts to the orthosis.
• If the Velcro that is adhered to the orthosis edges put up, heat the back of the adhesive and re-stick. If this does not work, bring to your therapist so that it can be replace for not additional charge. DO NOT use super glue as it difficult to repair the orthosis.
• Small supplies such as replacement rubber bands are provided at no additional charge.
• Orthoses that break within 1 year of fabrication will be replaced at no charge.
• Replacement strapping material and/or stockinet, at the request of the patient, will result in a small supply charge.

POTENTIAL RISKS/HAZARDS:
• Should the orthosis result in increased pain, decreased feeling (numbness/tingling), increased swelling or overall worsening of your medical condition, please contact our office immediately during business hours. If an emergency situation occurs after hours, contact your referring physician.
• Please contact our office should you have any questions about the orthosis issued to you.

PATIENT SIGNATURE:

Your signature below indicates you have received the following:

- Patient information & Instruction Form
- Instruction on applying & removing the orthosis
- Wearing instructions
- Caring instructions for the orthosis
- Cleaning & maintenance of the orthosis
- Billable services for repairs or replacement of the orthosis or parts for the orthosis
- Risks & hazards of the orthosis
- Receipt of the orthosis
- Charges for the orthosis
- Understanding of potential emergency situations with a orthosis and proper contact information
- Good, overall understanding of the orthosis and services provided

The products and/or services provided to you by (supplier legal business name or DBA) are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(o). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at http://ecfr.gpoaccess.gov. Upon request we will furnish you a written copy of the standards.

I, ________________________________, have personally received the above described custom orthosis along with instructions on the wear, care, and precautions related to this orthosis. I have been advised that the therapist/supplier will provide fitting and adjustments as needed and when possible.