



Fitting Form

Synergy Medical LLC
 110 North Randolph Avenue
 Landrum, SC 29356 (864) 457-2222

Patient Name:	Order Number:
Patient DOB:	Fitting Date:

Ankle Brace Cervical Orthosis Elbow Orthosis Electro-Therapy Knee Brace LSO Orthosis/Brace Wrist Brace Other Device (<i>explain in notes</i>)	Fitting Notes/Additional Devices:
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Products to be ordered

HCPCS:	Description:			Quantity:
Size:	Location:	Measurement Type	Measurement 1:	Measurement 2:
HCPCS:	Description:			Quantity:
Size:	Location:	Measurement Type	Measurement 1:	Measurement 2:

HCPCS:		Description:			Quantity:
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HCPCS:		Description:			Quantity:
Size:	Location:	Measurement Type	Measurement 1:	Measurement 2:	
HCPCS:		Description:			Quantity:
Size:	Location:	Measurement Type	Measurement 1:	Measurement 2:	

The patient was instructed & trained on the following educational points
(select those that apply)

<p>Proper method of placing orthosis to wear</p> <p>Allowable methods of cleaning the orthosis</p> <p>Recommended time on/off usage of orthosis</p> <p>How to adjust the orthosis in case of slippage</p>	<p>Answered all patient questions of orthosis</p> <p>Observed patient's proper use of the orthosis</p> <p>How to adjust the orthosis for added support</p> <p>Reviewed proper wrist stretches after use</p>
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Additional Remarks:

Education & training performed by: _____, Orthotic Fitter

Total time spent for the above services: _____ minutes

CPT Code:	Number of Units	1	2
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Patient agrees to comply with the following *(select those that apply)*

(Applies To: Ankle Braces, Cervical Orthosis, Elbow Braces)

- a) Wear brace while performing daily activities to provide more stability and prevent injury
- b) When wearing brace it should be snug but not tight or uncomfortable
- c) Contact Synergy Medical (864-457-2222) if patient has problems with the brace
- d) Patient understands that this is not a returnable or refundable item

(Applies To: Electrotherapy Devices)

- a) Use the device for pain relief only
- b) Use as prescribed by your doctor
- c) Contact Synergy Medical (864-457-2222) if there are problems with the device
- d) Do not wear in water

(Applies To: Knee Braces)

- a) Wear during work or any activity that would increase patient's pain
- b) Wear brace when lifting or bending
- c) When wearing brace it should be snug but not tight or uncomfortable
- d) Contact Synergy Medical (864-457-2222) if patient has problems with the brace
- e) Patient understands that this is not a returnable or refundable item

(Applies To: LSO)

- a) Not to wear brace longer than 2 hours at a time
- b) Wear during work or any activity that would increase patient's pain
- c) Wear brace when lifting or bending
- d) When wearing brace it should be snug but not tight or uncomfortable
- e) Patient understands that this is not a returnable or refundable item

(Applies To: Wrist Braces)

- a) Wear brace at night
- b) Contact physician's office if pain increases with use of brace
- c) When wearing brace it should be snug but not tight or uncomfortable
- d) Perform proper wrist stretches following the wearing of orthosis
- e) Patient understands this is not a returnable or refundable item

I, _____, agree to comply with the above treatment plan.

