

Patient Name: _____ Date: _____

Patient Phone: _____ Patient DOB: _____

Referral Facility: _____ City: _____ State: _____

Referral Phone: _____ Referral Fax: _____

DX/ICD 10: _____

WOUND ASSESSMENT *If Applicable*

Wound Size in cm: L _____ x W _____ x D _____

Wound Location: L R _____

PROSTHETICS

- L R
- New Amputee Consultation
 - Existing Prosthetic Device Evaluation (99243)
 - Symes Prosthesis (L5050)
 - Partial Foot Prosthesis (L5000)
 - Partial Foot Prosthesis with Integrated Carbon Dynamic AFO (L5020)
 - Post Op Prosthesis (Below Knee L5430)
 - Below Knee Prosthesis (L5301)

COMPRESSION

- Products
- L R
- Dual Layer (A6531 X 2 PR)
 - Single Layer (A6531 X 2 PR)
 - Compression Wraps (A6545 X 2 PR)
 - Other: _____ (A6549 X 2 PR)
- Compression Level (Custom if Indicated)
- 20 - 30 mmHg (A6530 X 2 PR)
 - 30 - 40 mmHg (A6531 X 2 PR)
 - 40 - 50 mmHg (A6532 X 2 PR)
 - Other: _____ (A6549 X 2 PR)

LEG MEASUREMENTS cm in:

	LEFT	RIGHT
Calf	_____	_____
Ankle	_____	_____
Length	_____	_____

ORTHOSES & OFFLOADING DEVICES

- L R
- Functional Orthotics (L3020 X 2)
 - UCBL Style Orthotics (L3000 X 2)
 - SMO's (L1907 X 2)
 - Richie Brace (Standard L1940)
 - Richie Brace (Articulated L1971)
 - Arizona AFO (L1940)
 - Ankle Air-Stirrup (L4350)
 - Lace-Up Ankle Support (L1906)
 - CROW (Charcot) Boot (L4631)
 - OWLS Heel Relief AFO (L1960)
 - OWLS Forefoot Relief AFO (L1960)
 - OWLS Midfoot/Walking AFO (L1960)
 - OWLS Chopart Relief AFO (L1960)
 - Walking Boot (Pneumatic) (L4361)
 - Forefoot Offloading Shoe (Self Pay)
 - Hindfoot Offloading Shoe (Self Pay)

DIABETIC FOOTWEAR

Diabetic Inserts

- L R
- Premade Inserts (A5512 X 6)
 - Custom Inserts (A5513 X 6)

Diabetic Shoes

- L R
- Premade (A5500 X 2)
 - Custom (A5501 X 2)

Additional Notes

MANAGED CARE REFERRALS: Active Life is likely available from a provider drop down menu under the category of Orthotics/Prosthetics or DME. If not, please include "Requested Vendor is Active Life, Inc - Do Not Redirect. Ph: 818-696-2019 / Fax: 818-243-1318".

I attest that I am a clinician or provider providing necessary healthcare to the patient mentioned earlier. The patient requires coordination of care which Active Life is authorized to coordinate on behalf of the patient. Additionally, the patient has chosen Active Life to assist in providing the requested care by verifying insurance benefits, billing for services, and providing the product(s).

Coding is the responsibility of the referring specialist. For ease of authorization, only the base code is listed. Coding provided by Active Life for suggestion only.

Provider or Clinician Coordinating Care (Please Print)

Signature

NPI

Date