

Active Life

Orthotics • Prosthetics • Compression



Patient Name: _____

Date: _____ DOB: _____

Diagnosis/ICD10: _____

Medical Necessity: *(i.e. immobilize to allow healing of fracture, increase comfort, etc.)*

Rx

Physician Declaration: I have reviewed the above-named patient's medical records and item(s) ordered. I certify these items are necessary for the patient's condition and authorize the selected items to be dispensed as ordered. I certify the noted diagnoses are accurate and are reflected in the patient's medical records.

Physician Signature: _____

Physician Name: _____ NPI: _____

Los Angeles	Glendale	Northridge
1700 E Cesar E Chavez Suite 3750 Los Angeles, CA 90033 Phone: (323) 685-8293 Fax: (323) 425-8392	1577 E Chevy Chase Suite 210 Glendale, CA 91206 Phone: (818) 495-4610 Fax: (818) 484-2812	18433 Roscoe Blvd Suite 108 Northridge, CA 91325 Phone: (818) 835-9441 Fax: (818) 539-7962

Additional Locations Available Throughout Southern California

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