

Patient Name: _____ Date: _____

Patient Phone: _____ Patient DOB: _____

Referral Facility: _____ City: _____ State: _____

Referral Phone: _____ Referral Fax: _____

DX/ICD 10

- | | | | | |
|--|--------|--|------------|--------------|
| <input type="checkbox"/> Ulcer Lower Leg | L97.9 | <input type="checkbox"/> Amputation Midfoot | S98.3 | Other: _____ |
| <input type="checkbox"/> Ulcer Ankle | L97.3 | <input type="checkbox"/> Amputation Foot/ankle | S98.9 | _____ |
| <input type="checkbox"/> Ulcer Heel/midfoot | L97.4 | <input type="checkbox"/> Amputation Partial Foot | S98.921 | _____ |
| <input type="checkbox"/> Ulcer Unsp Part Of Foot | L97.5 | <input type="checkbox"/> Amputation Foot | S98.9 | _____ |
| <input type="checkbox"/> Amputation Great Toe | S98.1 | <input type="checkbox"/> Amputation Ankle | S98.01 | _____ |
| <input type="checkbox"/> Amputation Lessor Toe | S98.13 | <input type="checkbox"/> Diabetes Mellitus | 0800-E08.9 | _____ |

WOUND ASSESSMENT

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

Wound Location: L R _____

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 (Above Knee L5410)
 - Post Op Prosthesis (Below Knee L5430)
 - Below Knee Prosthesis (L5301)
 - Above Knee Prosthesis (L5321)

Additional Notes

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	_____	_____

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)

ORTHOSES & OFFLOADING DEVICES

- L R
- Forefoot Offloading Shoe (Self Pay)
 - Hindfoot Offloading Shoe (Self Pay)
 - OWLS Heel Relief AFO (L1960)
 - OWLS Forefoot Relief AFO (L1960)
 - OWLS Midfoot/Walking AFO (L1960)
 - OWLS Chopart / Lisfranc Relief AFO (L1960)
 - CROW (Charcot) Boot (L4631)
 - Walking Boot (Pneumatic) (L4361)

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