

Please Fax To Therapy Network
Authorization Department: (855) 597-2697

Provider Name:	Eval Date:
Facility Name:	Location ID#:
Facility Address:	
Phone:	Fax:
Patient Name:	ID Number:
Medical Diagnosis:	ICD Code:
Therapy Treating Diagnosis:	ICD Code:

Description of Splint Made:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Does splint include fingers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does splint include hand but not wrist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does splint include wrist but not forearm? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does splint include forearm but not elbow? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Single Surface <input type="checkbox"/> Clamshell | | |
| 5. Does splint include elbow? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Single Surface <input type="checkbox"/> Clamshell | | |
| 6. Does splint have dynamic components? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please list _____

Note: Wrist Cock Up splints are generally not custom splints.
Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.