

Please Fax To Therapy Network
 Authorization Department: (855) 825-7820

Provider Name:	Eval Date:
Facility Name:	Location ID#:
Facility Address:	
Phone:	Fax:
Patient Name:	ID Number:
Therapist Name:	
Medical Diagnosis:	ICD-9 Code:
Therapy Treating Diagnosis:	ICD-9 Code:

Description of Splint Made:

1. Does splint include fingers? Yes No
2. Does splint include hand but not wrist? Yes No
3. Does splint include wrist but not forearm? Yes No
4. Does splint include forearm but not elbow?
 Single Surface Clamshell Yes No
5. Does splint include elbow?
 Single Surface Clamshell Yes No
6. Does splint have dynamic components? Yes 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.**