



Name: _____ Date: _____

Diagnosis: _____

Address: _____ DOB: _____

Please check as indicated

- Examination and treatment
- To support weak spinal muscles
- To reduce pain by restricting mobility of the trunk
- To support deformed spine
- To facilitate healing post soft tissue or spine injury
- To facilitate healing post surgical procedure on spine or related soft tissue

ICD-10 code: _____

Signature: _____

Print name: _____ Print title: _____ Date: _____

NPI No. _____

***** ***Below area for Therapist completion*** *****

- OW200 LSO** from Motion Therapeutics (rigid)
- BW300** from Motion Therapeutics (non-rigid)
- BW350** from Motion Therapeutics (non-rigid)
- BW400** from Motion Therapeutics (non-rigid)

Num. Weights Needed:

1/2 lbs. _____

1/4 lbs. _____

1/8 lbs. _____

Patient Measurements:

Waist: _____

Height: Front: _____ **Back:** _____

Measure

Waist: measure around waist at thickest part.

Height Front: measure from top of shoulder down body to bottom front of vest.

Height Back: measure from top of shoulder down body to bottom back of vest.

Referring Therapist: _____