

Name: _____ Date: _____
Diagnosis: _____ DOB: _____
Address: _____
Phone Number: _____ Email: _____

Please check as indicated:

- | | |
|--|--|
| <input type="checkbox"/> Examination and treatment | <input type="checkbox"/> To facilitate healing post soft tissue or spine injury |
| <input type="checkbox"/> To support weak spinal muscles | <input type="checkbox"/> To facilitate healing post surgical Procedure on spine or related soft tissue |
| <input type="checkbox"/> To reduce pain by restricting mobility of the trunk | <input type="checkbox"/> Balance |
| <input type="checkbox"/> To support deformed spine | |

ICD-10 code: _____

Physician Signature: _____

National Provider Number: _____

BalanceWear®-Trained Clinician Fills Out Below

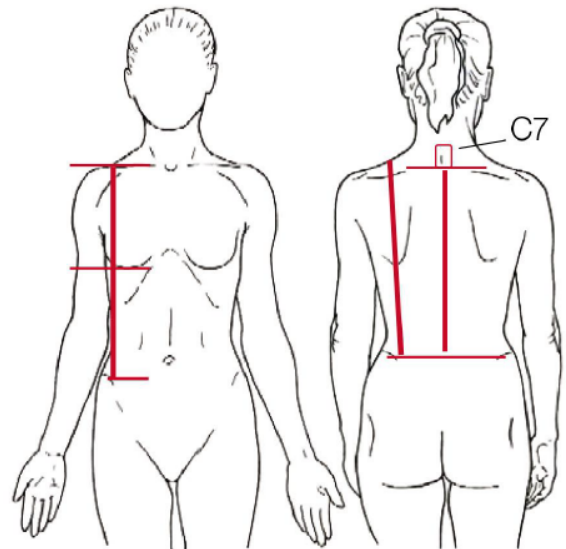
- | | |
|---|---|
| <input type="checkbox"/> OW200 BalanceWear Custom LSO | <input type="checkbox"/> BW450 BalanceWear Breeze™ |
| <input type="checkbox"/> OW250 BalanceWear Custom LSO | <input type="checkbox"/> OW226 BalanceWear® Lumbar Support 6" |
| <input type="checkbox"/> BW350 BalanceWear LightWeight™ | <input type="checkbox"/> OW228 BalanceWear® Lumbar Support 8" |

Weights Needed: 1/2 # _____ 1/4 # _____ 1/8 # _____ 1/16 # _____

Weight Placement

G. Draw the Final Weight amount and placement on the body diagram

- Measure from top of shoulder to bottom of breast
- Measure from top of shoulder to 1 inch below waist
- Measure from top of shoulder to L5S
- Measure from C7 to L5S1
- Girth - thickest point near waist



Clinician Signature: _____

Clinician Name: _____

Phone #: _____