CERTIFICATE OF MEDICAL NECESSITY

Corporate Headquarters: 770 Ritchie Hwy, Suite W-21 Severna Park, MD 21146
Tel: 800-638-6771

LANDMARK MEDICAL
A Division of Dynasplint Systems, Inc.

Patient Name _____ ☐M ☐F Date _____

Dx: _____

D.O.B. _____ Date of Onset of Illness/Injury/Surgery: _____

Length of Time Needed: ☐ 1 month ☐ 3 months ☐ 6 months ☐ Other _____

Dynasplint® Systems aid in restoring physical function to patients with joint stiffness and limited range of motion. The key to its effectiveness is the low-load, prolonged-duration stretch (LLPS) that delivers a correct biological stimulus to create a permanent length change in shortened connective tissue. Dynasplint® Systems have been clinically proven to reduce time and cost associated with range of motion rehabilitation—in many cases by more than 50 percent.

Fill as ordered, NO substitutions:

☐ Flexion ☐ Extension
☐ Supination ☐ Pronation
☐ Dorsiflexion ☐ Plantar Flexion
☐ Right Limb ☐ Left Limb

☐ Adult
☐ Infant
☐ Pediatric
☐ Neuro

☐ Shoulder
☐ Elbow
☐ Wrist
☐ Supination/Pronation

☐ MCP-Hand
☐ PIP-Finger
☐ Knee
☐ BKA

☐ Ankle
☐ MTP-Toe
☐ MTP-Toe w/Shoe
☐ External Fixator
☐ Trismus

Other/Required Attachment: _____

Current Range of Motion: (Active/Passive)
Flexion: _____ / _____
Extension: _____ / _____
Supination: _____ / _____
Pronation: _____ / _____

SHOULDERS ONLY:
Current Range of Motion: (Active/Passive)
Flexion: _____ / _____
Abduction: _____ / _____
Ext. Rotation: _____ / _____

IS THE PATIENT CURRENTLY INVOLVED IN ANY THERAPY PROGRAM? ☐ Yes ☐ No

Physician Name: _____

U.P.I.N.# _____ Phone: _____ Fax: _____

Address: _____

_____

Physician Signature: _____

Attending Therapist: _____ Sales Consultant: _____

FAX THIS FORM, PATIENT'S DEMOGRAPHIC AND INSURANCE INFORMATION, ALONG WITH CLINICAL NOTES TO:

Fax #: 866-671-5861 **Attention:** Andrew Koehn

Stretch Beyond Your Expectations.®