

Precision Medical Solutions, LLP

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PRESCRIPTION FORM

Patient Name: _____ DOB: _____

Diagnosis: _____

- | | | | |
|---|------------|---|---------------------|
| <input type="checkbox"/> Cam Walker | Right Left | <input type="checkbox"/> Cervical Collar, 2" Soft | |
| <input type="checkbox"/> Diabetic Conformer Boot | Right Left | <input type="checkbox"/> Cervical Collar, 3" Soft | |
| <input type="checkbox"/> Diabetic Shoes & Inserts | | <input type="checkbox"/> Cervical Collar, 4" Soft | |
| | | <input type="checkbox"/> Cervical Collar, 3" Rigid | |
| <input type="checkbox"/> AFO – Multiligamentus | Right Left | <input type="checkbox"/> Cervical Traction Unit | |
| <input type="checkbox"/> AFO – Night Splint | Right Left | | |
| <input type="checkbox"/> AFO – Drop Foot | Right Left | <input type="checkbox"/> Knee Orthosis – Osteoarthritis | Right Left |
| <input type="checkbox"/> AFO – Walker | Right Left | <input type="checkbox"/> Knee Orthosis – Neoprene | |
| <input type="checkbox"/> AFO – Toe Off (Carbonfiber) | Right Left | | w/hinges Right Left |
| | | <input type="checkbox"/> Knee Orthosis – ROM | Right Left |
| <input type="checkbox"/> HKAFO | Right Left | <input type="checkbox"/> Knee Orthosis – ACL / MCL | Right Left |
| <input type="checkbox"/> KAFO | Right Left | | |
| | | <input type="checkbox"/> Compression Sleeve / Gauntlet | |
| <input type="checkbox"/> Custom Foot Orthotics | Right Left | <input type="checkbox"/> Compression Stockings | |
| | | Compression Needed (20-30, 30-40, 40-50) | |
| <input type="checkbox"/> LSO | | Knee Hi Thigh Hi Panty Hose | |
| <input type="checkbox"/> TLSO | | | |
| <input type="checkbox"/> CTLSO | | <input type="checkbox"/> TENs Unit | |
| <input type="checkbox"/> Twin V (steps down rigidity) | | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Wrist Splint | Right Left | | |
| <input type="checkbox"/> Thumb Spica | Right Left | | |

MONTGOMERY - We are located 1/4 mile east of Bell Road off the Atlanta Hwy. Turn right between Auto Zone and The Bedroom and we are about halfway down the street on the left side.

AUBURN - We are located next to Shakey's Pizza on East Glenn Avenue across from Academy Sporting Goods in Suite 302.

Physician's Signature

Date

Physician's Name (Printed): _____