



CCC Medical Equipment

731-584-7919 • 877-584-7919 • Fax: 731-584-7920

Patient Name: _____ Date: _____

Patient DOB: _____ Next Office Visit: _____

Prolign LSO

Ultralign LSO

Ultralign TLSO

| | |
|--|--------|
| _____ Post Operative Lumbar Immobilization | 338.28 |
| _____ Chronic Low Back Pain | 724.2 |
| _____ Lumbar Muscle Weakness | 728 |
| _____ Lumbar Sprains/Strains | 846 |
| _____ Mechanical/Discogenic Lumbar Pain | 722.0 |
| _____ Postural Support | 754.2 |
| _____ Degenerative Disc Disease | 722.71 |
| _____ Spinal Blocks | 336.1 |
| _____ Other Diagnosis _____ | |

XTW Cervical Collar

Diagnosis _____

OA Knee Brace

_____ Left _____ Right _____ Medial _____ Lateral

Diagnosis _____

Thigh Measurement *in inches, taken 6" above patella* _____

Heat Therapy

Diagnosis _____

TENS Unit

Diagnosis _____

Other

Diagnosis _____

Signature: _____ Date: _____



CCC Medical Equipment

731-584-7919 • 877-584-7919 • Fax: 731-584-7920

Patient Name: _____ Date: _____

Patient DOB: _____ Next Office Visit: _____

Prolign LSO

Ultralign LSO

Ultralign TLSO

| | |
|--|--------|
| _____ Post Operative Lumbar Immobilization | 338.28 |
| _____ Chronic Low Back Pain | 724.2 |
| _____ Lumbar Muscle Weakness | 728 |
| _____ Lumbar Sprains/Strains | 846 |
| _____ Mechanical/Discogenic Lumbar Pain | 722.0 |
| _____ Postural Support | 754.2 |
| _____ Degenerative Disc Disease | 722.71 |
| _____ Spinal Blocks | 336.1 |
| _____ Other Diagnosis _____ | |

XTW Cervical Collar

Diagnosis _____

OA Knee Brace

_____ Left _____ Right _____ Medial _____ Lateral

Diagnosis _____

Thigh Measurement *in inches, taken 6" above patella* _____

Heat Therapy

Diagnosis _____

TENS Unit

Diagnosis _____

Other

Diagnosis _____

Signature: _____ Date: _____