



PATIENT NAME: _____ DOB: _____

ICD-10 CODE(s): _____ EXTREMITY: LEFT RIGHT

UPPER EXTREMITY

<input type="checkbox"/> Cock-Up Wrist Splint	<input type="checkbox"/> Thumb Spica	<input type="checkbox"/> Resting Hand Splint
<input type="checkbox"/> Ultra Sling w/Pillow	<input type="checkbox"/> Elbow Post-OP ROM	<input type="checkbox"/> Humeral Fracture
<input type="checkbox"/> Shoulder Immobilizer	<input type="checkbox"/> Radial / Ulnar Fracture	<input type="checkbox"/> Clavicle Figure of 8

SPINAL/CERVICAL	PROSTHETICS
<i>Cervical Collar:</i>	<i>Functional Level:</i> <input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/> K3 <input type="checkbox"/> K4
<input type="checkbox"/> Soft <input type="checkbox"/> Semi-Rigid	<input type="checkbox"/> Upper Extremity Prosthesis <input type="checkbox"/> Symes
<i>Spinal:</i> <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> Below-Knee Prosthesis <input type="checkbox"/> Partial Foot Prosthesis
<input type="checkbox"/> Hyperextension TLSO	<input type="checkbox"/> Above-Knee Prosthesis
<input type="checkbox"/> Scoliosis TLSO	<input type="checkbox"/> Prosthetic Supplies

LOWER EXTREMITY	KNEE ORTHOSIS
<i>Diabetic Shoes:</i> <input type="checkbox"/> Custom <input type="checkbox"/> Off-the-Shelf	<input type="checkbox"/> Soft Hinged
<i>Diabetic Insoles:</i> # pairs of: <input type="checkbox"/> Custom <input type="checkbox"/> Off-the-Shelf	<input type="checkbox"/> w/Patella Stabilizer
<input type="checkbox"/> Lace-Up Ankle Orthosis <input type="checkbox"/> Gel / Air Ankle Stirrup	<input type="checkbox"/> Knee Immobilizer
<input type="checkbox"/> Custom Arch Support	<input type="checkbox"/> Post-OP Knee ROM
<input type="checkbox"/> Plantar Fasciitis Night Splint	<input type="checkbox"/> Functional ACL
<i>CAM Walker:</i> <input type="checkbox"/> Tall <input type="checkbox"/> Short <input type="checkbox"/> w/Pump	<i>OA Unloader:</i> <input type="checkbox"/> Custom
<i>Custom AFO:</i> <input type="checkbox"/> Hinged <input type="checkbox"/> Solid <input type="checkbox"/> Arizona Style	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral
<input type="checkbox"/> Carbon Fiber <input type="checkbox"/> CROW Boot (Charcot)	

NOTES: _____

NPI: _____

PHYSICIAN NAME: (print) _____ DATE: _____

PHYSICIAN SIGNATURE: _____

BAKERSFIELD

2023 Truxtun Ave.,
Bakersfield, CA 93301

Ph: 661.281.2127 Fax: 661.281.2126

Open Mon-Fri, Saturdays by appt
8:30am-5pm | Lunch 1pm-2pm

DELANO

640 High St., Suite C
Delano, CA 93215

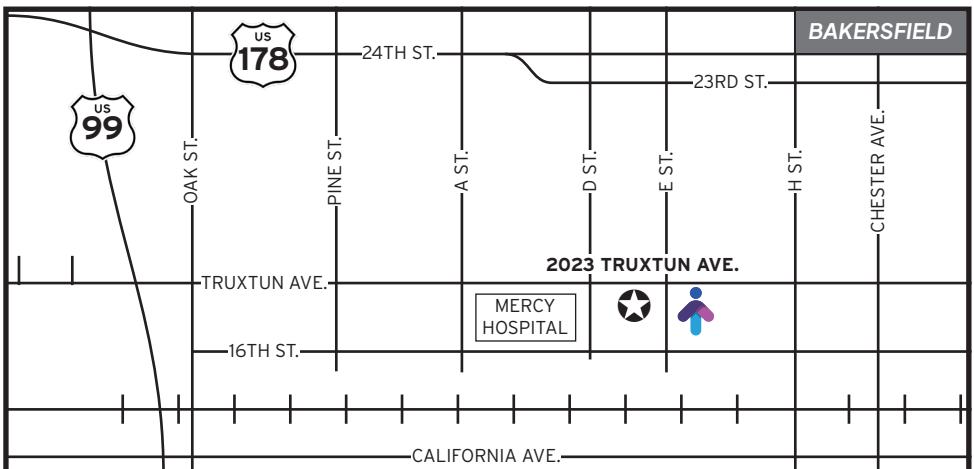
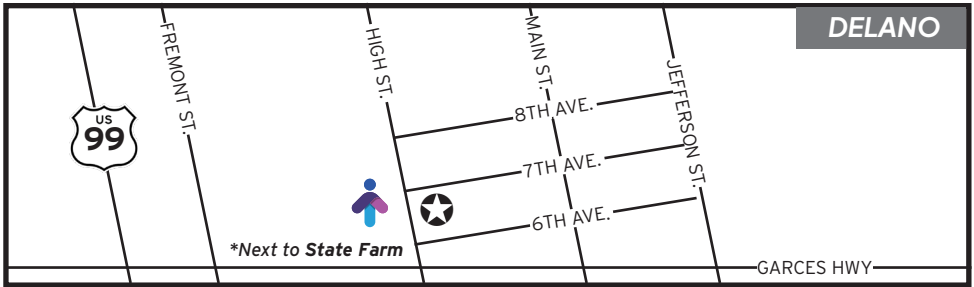
Ph: 661.720.9293 Fax: 661.281.2126

Open Tuesday & Thursday
9:00am-4:00pm | Lunch 12pm-1pm

WHAT TO BRING TO YOUR APPOINTMENT **WALK-INS WELCOME**

If you are a new patient or if it has been over a year since your last appointment with BPOC, pre-registration is required. Please bring the following items:

- **Photo ID**
- **Current insurance cards**
- **Physician's prescription and chart notes**
- **A valid form of payment** - cash, check, or a major credit card (transaction fees apply).
- Walk-ins are welcomed, but please schedule an appointment for a faster visit.



REFERRAL FAX: 661.281.2126
REFER ONLINE AT [BPOCUSA.com](https://www.bpocusa.com)

