



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

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

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

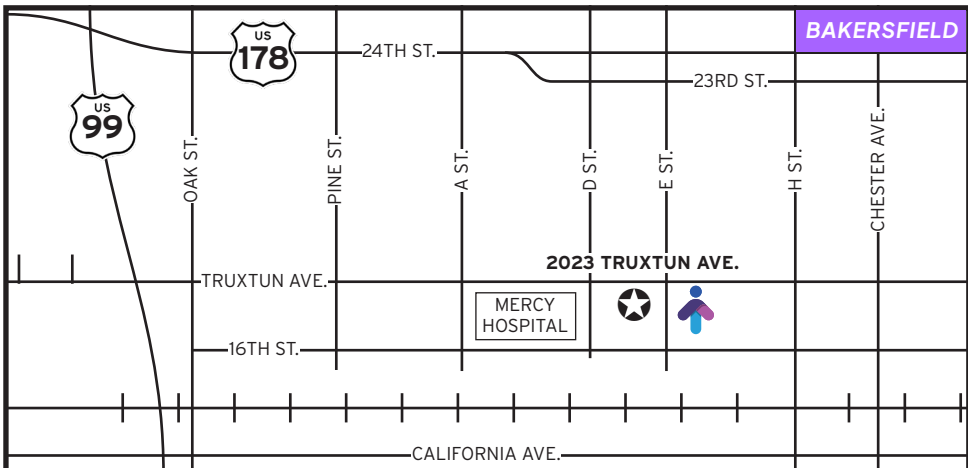
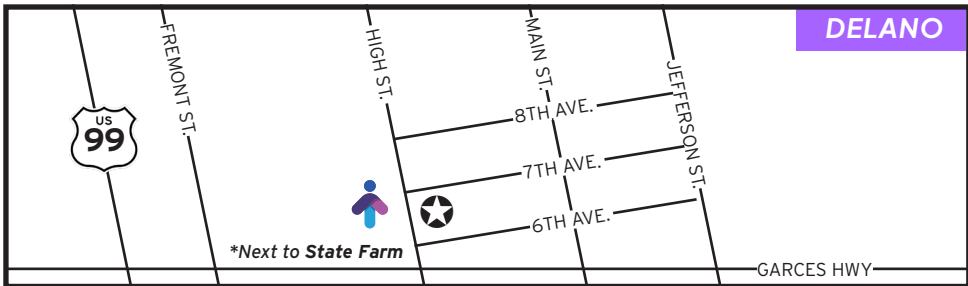
640 High St., Suite C
Delano, CA 93215
Ph: 661.720.9293 Fax: 661.281.2126

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/major credit card (transaction fees apply)).
- *Walk-ins are welcomed, but please schedule an appointment for a faster visit.*



SERVING KERN & TULARE: OPEN MON - SAT

Phone: 661.281.2127 Fax: 661.281.2126

www.BPOCUSA.com



Bakersfield Prosthetics & Orthotics Center