



Date .....

Patient Name .....

Prescription ..... Surestep TLSO

Diagnosis/ICD10 .....

Expected Length of Need ..... Indefinite

Effective Date of Prescription .....

Medical Reason of Need:

Medically necessary to provide support and stability through the thoracic, lumbar and sacral spine, slow progression of scoliotic curvature, correct sitting and standing posture to midline, facilitate improved head control and improve swallowing. This is accomplished through circumferential compression of the trunk using a lightweight, flexible thermoplastic to aid in supporting the trunk without immobilization.

Physician Signature

Physician Phone #

Date

Physician UPIN #