



CARPAL TUNNEL DIVISION

# CERTIFICATE OF MEDICAL NECESSITY

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## LANDMARK MEDICAL

A Division of Dynasplint Systems, Inc.

Patient Name \_\_\_\_\_ (Last, First, MI)  M  F Date \_\_\_\_\_

Dx: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Date of Onset of Illness/Injury/Surgery: \_\_\_\_\_

Length of Time Needed:  1 month  3 months  6 months  Other \_\_\_\_\_

Dynasplint® Systems aid in restoring physical function to patients with joint stiffness and limited range of motion. The key to its effectiveness is the low-load, prolonged-duration stretch (LLPS) that delivers a correct biological stimulus to create a permanent length change in shortened connective tissue. Dynasplint® Systems have been clinically proven to reduce time and cost associated with range of motion rehabilitation— in many cases by more than 50 percent.

**Fill as ordered. NO substitutions:**

Carpal Tunnel Dynasplint® System

**Impacted Extremity**

Left Hand

Right Hand

Bilateral

IS THE PATIENT CURRENTLY INVOLVED IN ANY THERAPY PROGRAM?  Yes  No

Physician Name: \_\_\_\_\_

N.P.I.#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending Therapist: \_\_\_\_\_ Sales Consultant: \_\_\_\_\_

This form is needed to bill the patient's insurance. Please complete and return.

### Fax to:

Attn: \_\_\_\_\_ Sales Consultant: \_\_\_\_\_

*Stretch Beyond Your Expectations.®*