



AngioGenesis
MEDICAL _{LLC}



MEDICAL PRESCRIPTION R_x



ANGIOGENESIS MEDICAL LLC

Office: 225-364-2400 • Patrick Scallan Cell: 225-936-1027

(Map and Address on back)

PATIENT'S NAME: _____

DOB: ____/____/____

PHONE: _____

- BONE GROWTH STIM
- BACK BRACE (OFFLOADING) _____
- T.L.S.O. BACK BRACE
- OSTEOARTHRITIS OFFLOADING KNEE BRACE
BILATERAL ___ R ___ L ___
- CARPAL TUNNEL SPLINTS BILATERAL ___ R ___ L ___
- LYMPHEDEMA PUMP BILATERAL ___ R ___ L ___
- CERVICAL TRACTION UNIT
- POSTURE PUMP CERVICAL TRACTION DEVICE
- IFC-TENS/GAR BACK, KNEE, NECK, ANKLE
- FX ANKLE BOOT
- OTHER _____



- M54.5 LUMBAGO
- M47.817 LUMBOSACRAL SPONDYLOSIS
- 533.5XXA LUMBAR STRAINS/SPRAINS
- M51.26 LUMBAR DISC DISPLACEMENT
- M51.36 LUMBAR/LUMBOSACRAL INTERVERTEBRAL DISC DEGENERATION
- M51.9 INTERVERTEBRAL DISC DISPLACEMENT W/O MYELOPATHY; UNSPECIFIED
- 724.02 SPINAL STENOSIS
- M43.8X9 SPINAL DISORDER
- Q76.2 SPONDYLOLISTHESIS - CONGENITAL
- M43.00 SPONDYLOLISTHESIS - ACQUIRED
- M46.47 LUMBAR DISC DISORDER UNSPECIFIED
- S12.9XXA DISKECTOMY
- M22.3X1 DERANGEMENTS OF PATELLA, RIGHT KNEE
- M22.3X2 DERANGEMENTS OF PATELLA, LEFT KNEE
- M17.11 OSTEOARTHRITIS RIGHT KNEE
- M17.10 OSTEOARTHRITIS LEFT KNEE
- S83.8X1A SPRAIN OF OTHER SPECIFIED PARTS OF RIGHT KNEE, INITIAL ENCOUNTER
- S83.8X2A SPRAIN OF OTHER SPECIFIED PARTS OF LEFT KNEE, INITIAL ENCOUNTER
- M23.51 CHRONIC INSTABILITY OF KNEE, RIGHT KNEE
- M23.52 CHRONIC INSTABILITY OF KNEE, LEFT KNEE
- M54.12 CERVICAL RADICULOPATHY
- M47.812 CERVICAL SPONDYLOSIS

**Please fax to: 225-364-2800
or toll free fax: 1-888-608-8882**

PHYSICIAN SIGNATURE _____

I certify that the items listed above are medically necessary for the treatment of the patient for the above condition.

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