

Westside Medical Supply

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Rochester, NY 14624
Phone: (585) 227-8750
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Eastside Medical Supply

2210 Monroe Ave.
Rochester, NY 14618
Phone: (585) 623-8936
Fax: (585) 623-8942



PATIENT NAME: _____ DOB: _____
 DIAGNOSIS: _____ Phone: _____
 PHYSICIAN NAME: _____ NPI#: _____
 PHYSICIAN SIGNATURE: _____ DATE: _____
 PHYSICIAN PHONE #: _____ PHYSICIAN FAX #: _____

ORTHOPEDIC ORDER FORM

*Indicates in stock item

FOOT

- _____ Forefoot offloading shoe/standard/Bauerfiend*
- _____ Heel relief shoe/standard/Bauerfiend *
- _____ All-purpose, post-surgical shoe (open/closed toe)*
- _____ Extra depth shoes – (non-diabetic) Dr. Comfort, etc.
- _____ Functional foot orthotics - Powerstep (L3040)*
- _____ Diabetic shoes-Dr. Comfort/Apis/PW Minor (A5500)
- _____ Diabetic shoe inserts, heat moldable (L5512)
- _____ Diabetic shoe inserts, custom (A5513)
- _____ Foot orthotics, **custom** (L3001-3020)
- _____ UCBL foot orthosis, **custom** (L3000)
- _____ Partial- foot insert **custom** (L5000)
- _____ Molded diabetic shoes, **custom** (A5501)

ANKLE

- _____ Elastic support *
- _____ Plantar fasciitis night splint (L4396) *
- _____ Ankle control orthosis, stirrup (Aircast) (L4350)*
- _____ Ankle gauntlet, prefab. (L1902)*
- _____ Multiligamentus support, prefab. (L1906)*
- _____ Walking boot (L4386)
- _____ Walking boot w/ pneumatic liner (L4361)*
- _____ Post. leaf spring AFO/Foot-up, prefab. (L1930)*
- _____ Fillauer dbl. uprt. Dyn. Walk AFO, prefab.(L1971)
- _____ Fillauer sin. uprt. Dyn. Walk/Spry Step AFO (L1951)
- _____ Total carbon fiber AFO, prefab. (L1932)
- _____ Solid ankle AFO, **custom** (L1960)
- _____ Posterior leaf spring AFO, **custom** (L1940)
- _____ Articulated AFO, **custom** (L1970)
- _____ Supramalleolar AFO, **custom** (SMO) (L1907)
- _____ 'Arizona' style AFO, **custom** (L1940, L2820, L2330)
- _____ CROW orthosis, **custom** (L4631)

KNEE

- _____ Knee Immobilizer (L1830)*
- _____ Lateral J patellar stabilizer (L1820)
- _____ Hinged, soft knee orthosis, prefab. (L1810)*
- _____ Hinged, soft knee orthosis, padded, prefab. (L1820)*
- _____ Knee orthosis, O/A single upright, prefab. (L1851)*
- _____ Knee orthosis, adjustable, ROM, prefab. (L1832)*
- _____ Knee orthosis, dyn.flex./exten.assist, prefab.(L1832)
- _____ Knee orthosis, dbl. uprt, sport/O.A., prefab.(L1852)
- _____ Knee orthosis, dbl. upright, **custom** (L1846)
- _____ Knee, ankle, foot orthosis, **custom** (L2000-L2038)

WRIST/HAND

- _____ Wrist support – neoprene or comp. *
- _____ Wrist/hand orthosis (cock-up splint) (L3908)*
- _____ Neoprene thumb support (L3911)*
- _____ Hand/finger orthosis - thumb spica, rigid (L3924)*
- _____ Wrist/hand/finger orthosis - thumb spica (L3807)*
- _____ Wrist/hand/finger orthosis, rigid, prefab. (L3807)*
- _____ Wrist/hand/finger orthosis European thumb(L3809)*
- _____ Wrist/hand/finger orthosis, rigid, **custom** (L3808)
- _____ Wrist/hand/finger orthosis, jointed, **custom** (L3905)

ELBOW/SHOULDER

- _____ Elbow orthosis prefab. neoprene or elastic*
- _____ Elbow orthosis, adj. hinge, prefab. (L3760)*
- _____ Dbl. upright elbow orthosis, **custom**, (L3702-3766)
- _____ Arm sling*
- _____ Sling and swathe (L3740)*
- _____ Shoulder abduction pillow sling (L3670)*
- _____ Shoulder brace (clavicle support) (L3660)*
- _____ Shoulder support/compression brace *
- _____ Shoulder brace, abduction restrainer (L3675) *

SPINE

- _____ Cervical collar, soft (L0120)*
- _____ Cervical Collar, semi-rigid (Philadelphia collar) (L0172)*
- _____ Cervical collar, rigid (Miami J/Vista TX/Eclipse)(L0174)*
- _____ Cervical orthosis, SOM (L0180)
- _____ Cervical orthosis, Minerva (L0200)
- _____ Light control thoracic extension TLSO (L0456)* **notes**
- _____ Medium control TLSO (chairback)(L0468)*
- _____ Cruciform or Jewett lumbar ext. TLSO (L0472)*
- _____ Max. control TLSO (L0464)* **clinical notes**
- _____ Aspen Peak adult scoliosis orthosis(L1005) **notes**
- _____ Elastic corset (flexible)*
- _____ Elastic control LSO (L0625)*
- _____ Light control LSO (L0626/L0641)*
- _____ Med. control LSO (L0627/L0642)*
- _____ Medium control LSO (chairback)(L0633/L0649)*
- _____ Max. control LSO (L0648/L0650)*
- _____ **Custom** fab. LSO one/two piece (L0629-L0640)
- _____ Sacroiliac belt*
- _____ OTHER _____

Order Form Submission:

Email: info@wmsupply.com
Fax: (585) 227-8563
Or bring to appointment

For professional fittings, please call for an appointment

Westside: (585) 227-8750 / Mon-Fri 9am-5pm & Sat 9am-1pm
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