

PAIN MANAGEMENT
TIMOTHY D. GROTH, MD PC
994 West Jericho Turnpike-Suite 104
Smithtown, NY 11787
Phone 631.543.1440 Fax 631.543.1930

Orthosis Brace

Patient: _____ **Date:** _____

Patient Address: _____

Phone: _____ **D.OB:** _____

Insurance: _____

Patient was taken into an exam room and fitted for an **LSO EXOS FORM II 631/ THE G-FORCE CRYO/TENS UNIT OR OTHER (SEE STICKER BELOW)** brace today. The brace was adjusted to correct size. The patient was instructed on how to use the brace and to replicate donning of brace correctly.

Diagnosis: _____

_____ **MD**

I, _____ have received a Lumbar Support Brace/ other today from a staff member of Timothy D. Groth MD PC

Location: (check one)

____ 994 West Jericho Turnpike #104 Smithtown, NY 11787	____ 1500 William Floyd Parkway # 201 Shirley, NY 11967	____ 636 Middle Country Rd, Selden NY,11784	____ 81 N Broadway Hicksville NY,11801
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Patient Signature

Date

Place sticker here:



MA Initials _____