

Bross and Associates



Restoring Wholeness ~ with Prosthetics

Finger-Hand Prosthesis RX Telephone 818.521.1112 Fax: 818.222.6888

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Patient Name: _____ Date of Birth: _____

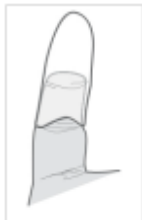
Patient Phone: _____ Date of Injury: _____

Diagnosis: _____

Prosthesis Requested L7499:



Full Finger(s)



Partial Finger(s)



Partial Hand



Full Hand

"Season Guard" Tanning Solution

Other _____

Other _____

Left Right # 1 2 3 4 5

Special Instructions: Functional Usage Duplicate Prosthetic

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Date: _____

The ODG Forearm, Wrist, and Hand section describes the criteria for a fabricated prosthesis as follows: "Prosthesis may be considered medically necessary when: 1. The patient will reach or maintain a defined functional state within the reasonable period of time. 2. The patient is motivated to learn to use a limb. 3. The prosthesis is furnished incident to a physician's services or on a physician's order as a substitute for missing a body part."