

**PRODUCT
RECOMMENDATION
FORM**

FITCARE PRODUCTS
(248) 661-5088
<http://www.AirFitBackRest.com>

I. PATIENT.....**DATE**.....

2. DESCRIPTION

- Orthotic appliance
- Nutritional supplement
- other
- specify

- Lumbar seat support
- Cervical cushion
- Cervical collar
- Lumbar brace

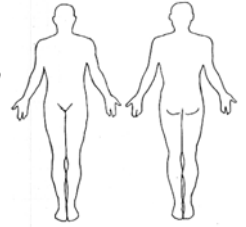


3. PURPOSE

- Correction of Posture / Spinal Alignment Support / Stabilization Prevention of Injury / Re-injury
- Assistance for Disability / Activity of Daily Living (ADL) Limitation
- other.....

4. INDICATIONS

- Pain / Discomfort..... Location
- ADL Limitation - Sitting / Standing / Walking / Sleeping / Change of position
- Working diagnosis / Comment / other.....
- Subluxation / Listing.....



5. # PRESCRIBED.....

(Licensed Health Professional Signature)

6. INSTRUCTED

6. STAFF TO INSTRUCT

7. STAFF SIGNATURE.....**Date**.....

8. STATUS

- Dispensed from inventory
- Order form provided
- Referred to <http://www.AirFitBackRest.com> Binsons
- other..... Wright & Filippis
- Patient declined
- Comment / other.....

9. CHARGE \$ Insurance Patient other.....

10. PHOTOCOPY

11. FILE