

# ALLSPORT DYNAMICS

## Patient Prescription Procedure for HXT Wrist Custom OTS Wrist & IMC Wrist (Off-The-Shelf) Orthoses

### **Prescription Procedure**

A prescription from your physician is necessary when filing a claim for any model of the Allsport Wrist on health insurance.

The prescription needs to be written specifically for which model of the Allsport Wrist Orthosis to be dispensed, along with the notation:

### **Dispense As Written (D.A.W.), No Substitutions.**

An added notation of medical necessity or medical condition to be treated is necessary in validating the need for the orthosis.

This diagnosis will be determined by your physician, specific to your current medical condition.

### **Casting and Measurements**

A Patient Data Form and casting kit are sent out for each HXT Wrist Custom Orthosis.

A measurement chart for the Allsport OTS Wrist and IMC Wrist is included on the back of the Allsport Wrist Patient Data Form to determine the correct sizing for the patient.

For more information concerning the prescription procedure contact:

Customer Service 800-594-5350 or 936-569-1003 Fax 888-867-1426