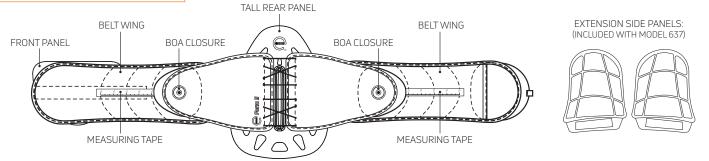


## NOT TO BE USED FOR DJO BILLING PURPOSES

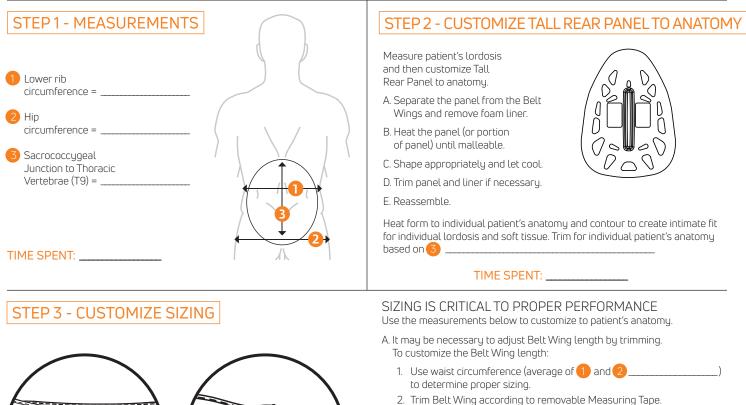
DOCUMENTATION WORKSHEET: RETAIN IN PATIENT RECORD		Page 1 of 2
Doctor:	Fitter:	
Patient Name:	Date:	
Patient #:	Additional Follow-Up Dates:	
TOOLS NECESSARY: Scissors • Heat Gun	• Tape Measure • Exos Oven	
CHECK APPROPRIATE BOX: Exos F	DRM II 631 Exos FORM II 637	

**PRODUCT COMPONENTS** 



## CLINICAL JUSTIFICATION FOR CUSTOMIZING BRACE

THIS PRODUCT IS INTENDED FOR APPLICATION BY A QUALIFIED INDIVIDUAL AS DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTHCARE PROFESSIONAL. THIS IS A PREFABRICATED ORTHOSIS. IT IS INTENDED TO BE CUSTOMIZED TO AN INDIVIDUAL PATIENT. FOLLOW THE STEPS BELOW TO CUSTOMIZE.



- 2. In the bell wing according to removable Measuring tape.
- B. Add-on components (Front Panel and/or Tall Rear Panel) may require factoring in more Belt Wing length.

YES. AMOUNT CUT \_\_\_\_\_ NO

TIME SPENT: \_\_\_\_\_





## NOT TO BE USED FOR DJO BILLING PURPOSES

**DOCUMENTATION WORKSHEET:** RETAIN IN PATIENT RECORD Page 2 of 2 \_\_\_\_\_ Fitter:\_\_\_\_

TOOLS NECESSARY: Scissors • Heat Gun • Tape Measure • Exos Oven

Doctor: Patient Name: \_\_\_\_\_ Date: \_\_\_

Patient #:\_\_\_\_\_ Additional Follow-Up Dates:\_\_\_\_

CHECK APPROPRIATE BOX: Exos FORM II 631 Exos FORM II 637

**STEP 4 - CUSTOMIZE FRONT PANEL** To customize Front Panel: A. Separate the panel from the Belt Wings MODIFY FRONT PANEL AS NECESSARY and remove foam liner. B. Heat the panel until malleable. C. Shape appropriately and let cool. TIME SPENT: \_\_\_\_\_ D. Reassemble. ANGLE BELT WINGS **STEP 5 - CUSTOMIZE BELT FIT** Circumferential contact at both upper and lower margins of brace is essential for proper brace performance and support. Determine angulation for proper fit.

Angle Belt Wings: Neutral Inferior Angulation Superior Angulation TIME SPENT: \_\_\_\_\_ EDUCATE PATIENTS **STEP 6 - EDUCATION** 

Proper education is needed for individual to maintain proper fit throughout total time of wear.

ltems to educate patients on:	BOA Closure System	Proper angulation to ensure circumferential	Proper cleaning	Watch patient application video
Don and doffing	contact Proper placement of brace	Follow up appointments	Provide patient application instruction sheet	
		TIME SPENT:		

## TOTAL TIME TO CUSTOMIZE BRACE:

For product assistance, please contact Product Support

at 1-888-405-3251 or email product.specialist@djoglobal.com

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