

Prosthetics & Orthotics Form

Therapist	<input type="text"/>					
Involvement	<input type="checkbox"/> get_involvement_left() eq 1 [checked] [6f] > Left <input type="checkbox"/> get_involvement_right() eq 1 [checked] [6f] > Right <input type="checkbox"/> get_involvement_bilateral() eq 1 [checked] [6f] > Bilateral					
Location of Evaluation	[kind_options name="location" selected=\$pathheis->get_location() options=\$pathheis->location_array]					
Prescription Diagnosis	<input type="text"/>					
It's	<input type="text"/>					
Items to be Supplied	<input type="checkbox"/> get_involvement_bilateral() eq 1 [checked] [6f] > R has worn a L.E. orthosis in the past 3 yrs. <div> <div>Model #</div> <div><input type="text"/></div> <div><input type="checkbox"/> get_new() eq 1 [checked] [6f] > New</div> </div> <div> <div>Size</div> <div><input type="text"/></div> <div><input type="checkbox"/> get_replacement() eq 1 [checked] [6f] > Replacement</div> </div> <div>Measurements</div> <div> <input type="checkbox"/> get_front_impression() eq 1 [checked] [6f] > Partial Weight-bearing Form Impressions Show Size <input type="text"/> Calf <input type="text"/> Ankle <input type="text"/> <div> <div>[kind_options name="purpose" selected=\$pathheis->get_purpose() options=\$pathheis->purpose_array]</div> <div>Other</div> </div> <input type="text"/> </div>					
Notes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>					
<input type="checkbox"/> get_gosh_observed() eq 1 [checked] [6f] > Pathomechanics & Orthotic gosh observed	<input type="checkbox"/> get_new_reviewed() eq 1 [checked] [6f] > During, during, skin preparations, and orthotic use reviewed with patient	<input type="checkbox"/> get_new_reviewed() eq 1 [checked] [6f] > Initial review scheduled reviewed with patient				
Product Longevity And Patient Wearing Schedule	Number of years patient has worn an orthosis/prosthesis <input type="text"/> year(s) Age of current orthosis/prosthesis <input type="text"/> months or <input type="text"/> year(s) Daily wearing schedule <input type="text"/> hours per day					
Clinical Plan	<input type="checkbox"/> get_plan_to_order() eq 1 [checked] [6f] > Plan to order orthosis/prosthesis/product and fit review date: <input type="text"/> <input type="checkbox"/> get_received_product() eq 1 [checked] [6f] > Patient has received orthosis/prosthesis/product on this date: <input type="text"/> <input type="checkbox"/> get_give_instructions() eq 1 [checked] [6f] > Patient has given instructions for the device/service provided, understands the instructions, and is able to demonstrate its appropriate use. <input type="checkbox"/> get_patient_understand() eq 1 [checked] [6f] > Yes [ifSYNEW != true]					
Add Code	<input type="radio"/> [kind_options options=\$pathheis->opt_array]					

[Don't Save] [6f]