



Provider Name:	Eval Date:
Facility Name:	Location ID#:
Facility Address:	
Phone:	Fax:
Patient Name:	ID Number:
Medical Diagnosis:	ICD-9 Code:
Therapy Treating Diagnosis:	ICD-9 Code:

**Description of Splint Made:**

1. Does splint include fingers?  Yes  No
2. Does splint include hand but not wrist?  Yes  No
3. Does splint include wrist but not forearm?  Yes  No
4. Does splint include forearm but not elbow?  
 Single Surface  Clamshell  Yes  No
5. Does splint include elbow?  
 Single Surface  Clamshell  Yes  No
6. Does splint have dynamic components?  Yes  No

If yes, please list \_\_\_\_\_

**Note: Wrist Cock Up splints are generally not custom splints.**  
**Clinical documentation supporting why an OTC splint will/did not work is needed for consideration.**