



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

**Description of Splint Made:**

- Does splint include fingers?  Yes  No
- Does splint include hand but not wrist?  Yes  No
- Does splint include wrist but not forearm?  Yes  No
- Does splint include forearm but not elbow?  
 Single Surface  Clamshell  Yes  No
- Does splint include elbow?  
 Single Surface  Clamshell  Yes  No
- 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.**