AXIS DME INC.
ORTHOTICS BRACES SUPPORTS

2 Lawson Ave. Unit 4. East Rockaway NY 11518

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Email: DMEAXIS@GMAIL.COM

MEDICARE NYSHIP NO FAULT Most Major Medical (upon verification)

FAX/EMAIL 1.DAILY NOTE 2.PATIENT DEMOGRAPHICS 3.INSURANCE

Date: _____ **PATIENT NAME:** _____ **DOB:** _____

TENS UNIT E0730 _____

PERCUSSION E0480 _____

CERVICAL TRACTION E0855 _____

COLD THERAPY/PAD _____

T/LSO BRACE L0635 ____

THUMB SPICA L3807 _____

_____ **CAM BOOT** L4361

ACL KNEE BRACE L1845 _____

HINGED KNEE BR L1832_____

DIAGNOSIS:_____ **NPI#** _____

ORDERING PROVIDER: _____

Doctor Signature _____ **Date**_____