



## T-JOE PECTUS BRACING SYSTEMS RX PRESCRIPTION



Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Diagnosis:

\_\_\_ Pectus Carinatum

Q67.7

\_\_\_ Flared Ribs / Pectus Excavatum

Q67.6

\_\_\_ Dispense T-Joe Brace as indicated

\_\_\_ Massage Therapy as indicated

\_\_\_ Exercise / Workout Program as indicated

Ordering Physician:

\_\_\_\_\_ MD / DO

(print name or stamp)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

DEA / NPI : \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Notes / Special Request: \_\_\_\_\_

877-732-8876  
PectusServices.com