



Please fax completed form to your case manager.

### Implant Order Form

<b>Implant Order Form</b>	
Today's Date:	Date and Time of Procedure:
Patient's Name:	Date of Birth:
Patient Address:	Facility Name:
Primary Dx Code:	Additional Dx Code(s):
Name of Procedure:	Procedure Code(s):
<b><u>Orthopedic:</u></b>	<b><u>Joint Replacement:</u></b>
<input type="checkbox"/> Internal Fixation <input type="checkbox"/> External Fixation <input type="checkbox"/> Allograft  Site: _____  MFG Name: _____	<input type="checkbox"/> Shoulder <input type="checkbox"/> Total <input type="checkbox"/> Knee <input type="checkbox"/> Partial <input type="checkbox"/> Hip  Other: _____  MFG Name: _____
<b><u>Spine:</u></b>	<b><u>Miscellaneous Devices:</u></b>
<input type="checkbox"/> Cervical <input type="checkbox"/> Anterior <input type="checkbox"/> Thoracic <input type="checkbox"/> Posterior <input type="checkbox"/> Lumbar  # of Levels: _____  MFG Name: _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____  MFG Name: _____
<p><b>SIGNATURE REQUIRED.</b> MediPlant to provide device for procedure.</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>UPIN: _____ NPI: _____</p>	
<p><b>Comments:</b></p>   	