

Patient Notes Template



Please use this form (or send a copy of your own notes) to explain the issues you are trying to address with this patient, which brace design you plan to use, and why. After the patient has been fit, please send in a completed fit checklist.

Patient Name: _____	Date of Birth: _____
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Date of assessment for current brace request:

Diagnosis:

Medical justification for ordering this brace style:

Practitioner Name (Print): _____

Practitioner Signature: _____

Date: _____