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## DOCUMENT OF MEDICAL NECESSITY FOR RESTING HAND SPLINT (WHFO)

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

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

Diagnosis: \_\_\_\_\_

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

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**This patient requires a resting hand splint, because:**

Expected benefits of/ need for the orthoses (Check all appropriate):

- Control the Wrist-Hand-Finger assembly, counteracting contracture, wrist drop, etc.
- Provide Functional Hand Position, Intrinsic Plus Position, Immobilization and prevent deformity
- Ease Rheumatoid Arthritis, for Day and Night Wear, Trauma injuries, etc.
- Increasing Recovery of Individuals Post-Stroke
- Other:

\_\_\_\_\_.

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Duration of need:  6 months  12 months  life

Frequency of use: \_\_\_\_/ Times per day \_\_\_\_/Weeks \_\_\_\_/Months

<b>L3807</b>	<input type="checkbox"/>	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE

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PHYSICIANS SIGNATURE

\_\_\_\_\_

NPI NUMBER

\_\_\_\_/\_\_\_\_/\_\_\_\_

DATE